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ABSTRACT

This guide to mainstreaming preschoolers with speech and language impairments is one of a series of eight manuals on mainstreaming preschoolers developed by Project Head Start. The guide is addressed to parents, teachers and other professionals and paraprofessionals. Chapter I presents information on the meaning, benefits and implementation of mainstreaming. The role of the teacher in mainstreaming is discussed, and possible resources she can tap for assistance with a handicapped child are listed. Chapter II describes various speech and language impairments (stuttering, chronic voice disorders and articulation problems), commonly associated handicaps, and ways to identify them in young children. Information on distinguishing between true speech and language impairments and simple differences in children's speech for referral purposes is included. Chapter III contains detailed information on the normal development of communication skills and explains how various communication disorders can affect the cognitive, social, motor, and communicative functioning, and the development of self-concept in 3- to 5-year-olds. Chapter IV focuses on planning, arranging classrooms and teaching mainstreamed children with speech/language impairments. Chapters V through VII describe parent-teacher cooperation and professional sources of help. Notes on diagnosis and screening are appended. (CM)

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Children with Speech and Language Impairments

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Head Start Bureau

Special Message to Parents

This book is meant to help parents as well as teachers understand mainstreaming and speech and language impairments. Chapter 3 describes specific ways in which parents can help their speech or language impaired child. But parents will find the other chapters useful in learning more about development in speech or language impaired youngsters, techniques and activities to promote learning, how Head Start functions in serving handicapped children, and what resources outside of Head Start are available to help fill their child's special needs.

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Mainstreaming Preschoolers:

Children with Speech and Language Impairments

A Guide for Teachers, Parents, and Others Who Work with Speech and Language Impaired Preschoolers

by

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The authors were fortunate in being able to draw on the advice and contributions of many knowledgeable and talented people during the preparation of this book. Chief among them were the following experts on speech and language impairments and early childhood education, who reviewed the text in its successive versions and gave us many excellent suggestions for improving it.

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Much of the credit for the success of this book is due to the team responsible for the visual and stylistic aspects. Their creative efforts were essential, and we are very grateful. The skill and enthusiasm of the production staff, on which we have relied so frequently in the past, were demonstrated even more impressively in this difficult and complex effort.

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Preface

Project Head Start was initially conceived and launched as a national program of comprehensive developmental services for preschool children from low-income families. The early design also indicated that the comprehensive program should be tailored to the needs of the individual community and of the individual child.

The Head Start Program Performance Standards require local programs to develop an educational plan that provides procedures for ongoing observation, recording, and evaluation of each child's growth and development for the purpose of planning activities to suit individual needs. The Performance Standards also require that classroom materials and activities reflect the cultural background of the children. Thus, individualization has always been a major thrust of the Head Start program.

The Congressional mandate to assure that not less than 10 percent of enrollment opportunities in Head Start be available for handicapped children presented special opportunities and challenges to Head Start programs to further their efforts in the individualization of services. Head Start classes are small, making it possible for teachers, working with a professional diagnostic team, to design a program to meet the special needs and capabilities of each child.

Mainstreaming handicapped children into classrooms with non-handicapped children has become a major activity for Head Start. However, teachers and other staff are continually asking for assistance in mainstreaming a child with a specific handicapping condition. This series of eight manuals, **Mainstreaming Preschoolers**, was prepared by ACYF to help meet this need.

The series was developed through extensive collaboration with many persons and organizations. Under contract with Contract Research Corporation, teams of national experts and Head Start teachers came together to develop each of the manuals. At the same time, the major national professional and voluntary associations concerned with handicapped children were asked to critique the materials during their various stages of development. Their response was enthusiastic. Various federal agencies concerned with handicapped persons — the Bureau of Education for the Handicapped, the President's Committee on Mental Retardation, the Office of Developmental Disabilities, the National Institute of Mental Health, the Office of Handicapped Individuals, National Institute of Child Health and Human Development/National Institute of Health, and Medicaid/Early and Periodic Screening, Diagnosis, and Treatment — also enthusiastically reviewed the materials as they were being developed. Finally, drafts of each of the manuals were reviewed by teachers, paraprofessionals, parents, social service and health personnel, and various other specialists in Head Start programs across the country.

It is hoped that this series will be helpful to the variety of people beyond the Head Start community — in public schools, day care centers, nursery schools, and other child care programs — who are involved in providing educational opportunities and learning experiences to handicapped children during the preschool years.

Blandina Cardenas, Ed.D.
Commissioner
Administration for
Children, Youth and Families

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2

Introduction

The Purpose of This Book

This book is written for teachers, parents, and others, such as diagnosticians and therapists, who work directly with language and/or speech impaired preschoolers. It provides some good ideas for helping these children learn and feel good about themselves, and tries to answer many questions, including:

What is mainstreaming?

What are various language and speech impairments?

How do these impairments affect the functioning of three- to five-year-olds?

How can you design an individualized program for a language or speech impaired child?

What activities are especially useful for children with various language or speech impairments?

How can parents help their children who are language or speech impaired?

Where can you go to seek help — people, places, and information?

The Organization of This Book

This is one of a series of eight books on children with handicaps, written for Head Start, day care, nursery school, and other preschool staff, and parents of children with special needs. Each book is concerned with one handicapping condition. The other seven books address:

- **emotional disturbance**
- **health impairments**
- **hearing impairment**
- **learning disabilities**
- **mental retardation**
- **physical (orthopedic) handicaps**
- **visual handicaps**

There are certain guidelines that are similar in working with all kinds of handicapped preschoolers. These guidelines should be useful to teachers and parents who are directly involved with children who have special needs. They are described in the chapters "What Is Mainstreaming?" "Parents and Teachers as Partners," "Where to Find Help in Your Area," and the sections on planning, the physical setting, and general teaching guidelines in the chapter "Mainstreaming Children with Language and Speech Impairments." While these chapters (or sections of chapters) are largely the same in most of the books in this series, the examples and suggestions provided in each book are specific. They will help you apply the general information to a child with a particular handicap.

A Word on Words

In this book the terms **handicapped children** and **children with special needs** mean the same thing.

Chapter 1:

What Is Mainstreaming?

Mainstreaming benefits both handicapped and non-handicapped children in a classroom.

What Does Mainstreaming Mean?

"Mainstreaming" means helping people with handicaps live, learn, and work in typical settings where they will have the greatest opportunity to become as independent as possible. In Head Start programs, mainstreaming is defined as the integration of handicapped children and non-handicapped children in the same classroom. It gives handicapped children the chance to join in the "mainstream of life" by including them in a regular preschool experience. It gives non-handicapped children the opportunity to learn and grow by experiencing the strengths and weaknesses of their handicapped friends, and to see them as children who are in many ways like themselves.

However, mainstreaming does not simply involve enrolling handicapped children in a program with non-handicapped children. Definite steps must be taken to ensure that handicapped children participate actively and fully in classroom activities. As a Head Start teacher, it is your role to take these steps.

Mainstreaming is not new to Head Start. Since its beginning, Head Start programs have included handicapped children in classrooms with non-handicapped children. The Economic Opportunity Amendments of 1972 (Public Law 92-424) required that ten percent of the Head Start enrollment in the nation be handicapped children. Two years later, the Head Start, Economic Opportunity, and Community Partnership Act of 1974 required that, by fiscal year 1976, not less than ten percent of the total number of enrollment opportunities in Head Start programs in each state be available to handicapped children. And most recently, Public Law 94-142, the Education for All Handicapped Children Act, has mandated that the public schools provide "free, appropriate education" in the "least restrictive setting" for handicapped children from 3 to 21 years of age. Thus, mainstreaming has become an important and well-accepted approach in the education of young handicapped children.

It is the function of Head Start programs to:

> **serve handicapped children in an integrated setting or mainstream environment with other children; provide for the special needs of the handicapped child; and work closely with other agencies and organizations serving handicapped children in order to identify handicapped children, and provide the full range of services necessary to meet the child's developmental needs.**
>
> (Head Start Transmittal Notice 75.11 — 9/11/75.)

Research with children has shown over and over that the early years of life are critical for learning and growth. It is during this time that children's cognitive, communicative, social, and emotional development can be most influenced. If special needs are recognized and met during these years, handicapped children will have a much better chance of becoming competent and independent adults. Handicapped youngsters who have the opportunity to play with other children in the Head Start classroom learn more about themselves and how to cope with the give and take of everyday life. This is one of the first steps toward developing independence. By participating in regular preschool settings that are able to provide for special needs, with teachers who know how to adapt teaching techniques and activities, children with special needs will truly have a "head start" in achieving their fullest potential.

Benefits of Mainstreaming

There are many benefits to mainstreaming — benefits for both handicapped and non-handicapped children, as well as for their parents and teachers.

Mainstreaming Helps Handicapped Children

Participating in a mainstream classroom as a welcome member of the class teaches children with special needs self-reliance and helps them master new skills. For some, it may be the first time in their lives that they are expected to do for themselves the things they are capable of doing. Working and playing with other children encourage handicapped children to strive for greater achievements. Working toward greater achievements helps them develop a healthy and positive self-concept.

Mainstreaming can be an especially valuable method for discovering undiagnosed handicaps. Some handicaps don't become evident until after a child enters elementary school, and by then much important learning time has been lost. A preschool teacher is able to observe and compare many children of the same age, which makes it easier to spot problems that may signal a handicap. Preschool may therefore be the first chance some children get to receive the services they need.

Mainstreaming Helps Non-Handicapped Children

Mainstreaming can help non-handicapped children, too. They can learn to accept and be comfortable with individual differences among people. Studies have shown that children's attitudes toward handicapped children can become more positive when they have the opportunity to play together regularly. They learn that handicapped children, just like themselves, can do some things better than others. In a mainstream classroom, they have the opportunity to make friends with many different individuals.

Mainstreaming Helps Parents

Mainstreaming is also good for the parents of children with special needs. With teachers, other members of the preschool staff, and specialists sharing the responsibility for teaching a child, the parents come to feel less isolated. They can learn new ways to help their own child. As they watch their child progress and play with non-handicapped children, parents are helped to think about their child more realistically. They will see that some of the behavior they are concerned about is probably typical of all young children, not just children with handicaps. In these ways, parents come to feel better about their children and themselves.

Mainstreaming Helps Teachers

Mainstreaming also has advantages for you. You have the chance to make a significant impact on a handicapped child. In addition, the techniques you develop for working with a child with special needs are just as useful with non-handicapped children who have minor weaknesses in the same areas. In fact, many of the most effective teaching techniques known were first developed for handicapped children. Finally, working with handicapped children is a chance to broaden both your teaching and personal experience.

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How Is Mainstreaming Carried Out?

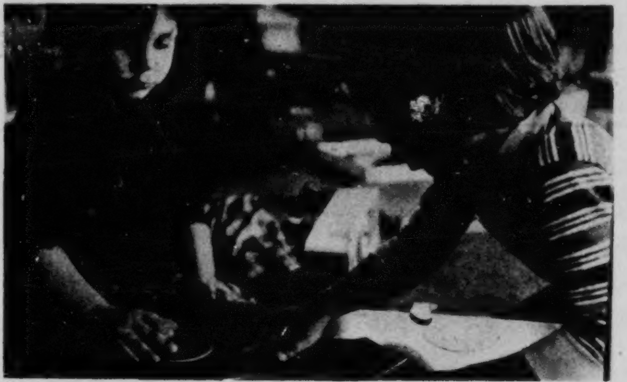
Mainstreaming can be carried out in a variety of ways. How you decide to mainstream a particular handicapped child will depend upon the child's strengths, weaknesses, and needs, and will also depend upon the parents, the staff and resources within your program, and the resources within your community. As you know, every child is an individual with different needs and abilities. This is just as true for handicapped children: they display a broad range of behavior and abilities.

Some handicapped children may thrive in a full-day program with non-handicapped children. Others will do best in a mainstream environment for only part of the time, attending special classes or staying at home for the rest of the day. For still others, mainstreaming may not be the most helpful approach. The principle to follow is that handicapped children should be placed in the "least restrictive environment." This means that the preschool experiences of handicapped children should be as close as possible to those of non-handicapped children, while still meeting the special needs created by their handicaps.

Mainstreaming involves the efforts of many people working as a team — teachers, the child's parents, Head Start staff (in health, education, handicap, parent involvement, and social services), other specialists providing consultant services on a full- or part-time basis, agencies serving handicapped children, and the public schools in the community. The identification, development, and coordination of this team effort is both a challenge and a critical requirement in meeting the needs of a handicapped child.

As you and your program staff get to know each child, his or her parents, and the specialists in your community's agencies and public schools, you will be able to decide what is best for each child. This book describes *how* mainstreaming can be carried out by the parent/Head Start/specialist team in order to provide the best program for both handicapped and non-handicapped children.

This book discusses a variety of different problems included under the general category of language and speech impairments, or communication disorders. The book uses the specific categories provided by Project Head Start to describe these different disorders. However, in working with a specific child, it is more helpful to ignore the label and to think instead about the child's abilities. Within any category, the range of behavior is very wide. No two children with a similar problem benefit from identical educational experiences.



All children with language or speech impairments have trouble communicating verbally — talking. Talking is the major way in which children can express their reactions to the world. If they cannot communicate, they cannot say what they think or how they feel. As their teacher, you can help them learn to do these things.

Remember that learning takes place in all situations and that children learn through play. Most importantly, language and speech are learned by doing. You do not need to set up formal learning situations in which to teach communication skills. Speech and language can be stimulated in every kind of activity that takes place inside or outside of the classroom. You are probably encouraging speech already. Thinking in terms of the *specific* language or speech needs of children with communication disorders can help you be even more effective in working on communication skills.

As you help children to develop speech and language skills, you will also be helping them gain a sense of self and a sense of others. Once these children begin to have a sense of self and of others, they can begin to become aware of what others think of them, and of how others treat them. Since parents and teachers are closest to a child, their opinion plays an important part in the child's growing sense of self. And since the way children feel about themselves often makes a difference in the way they relate to others and in the way they learn, it is important for you to encourage and support them. They also need your help in learning new skills. Equally important, your attitude and how you treat children with language or speech impairments can have valuable effects on their present and future development.

1

What Is Your Role In Mainstreaming?

This book approaches mainstreaming from the standpoint of child development. It emphasizes the importance of seeing handicapped children first and foremost as children, with the same needs all children have for love, acceptance, exploration, and a sense of competence. By understanding how all children develop and learn you can better understand the effects of a particular handicapping condition. For example, knowing the importance of verbal communication will help you understand the effects of a language impairment on a child's development. You can then use this knowledge to plan appropriate activities for building on the child's current communication skills.

The teaching techniques and activities provided in this book are designed to help develop skills in particular areas of development — primarily language and speech, and additionally, cognitive, social, and motor — and can be used with any child or group of children in your classroom, whether they are handicapped or non-handicapped.

As a teacher, your role in mainstreaming includes:

- **developing and putting into effect an individualized program that meets the needs of each child in the classroom, including the special needs of a child with a handicapping condition**
- **working together with the parents of a handicapped child so that learning situations that occur in your classroom are reinforced by the parents at home**
- **finding out, through your handicap coordinator or social serv-**

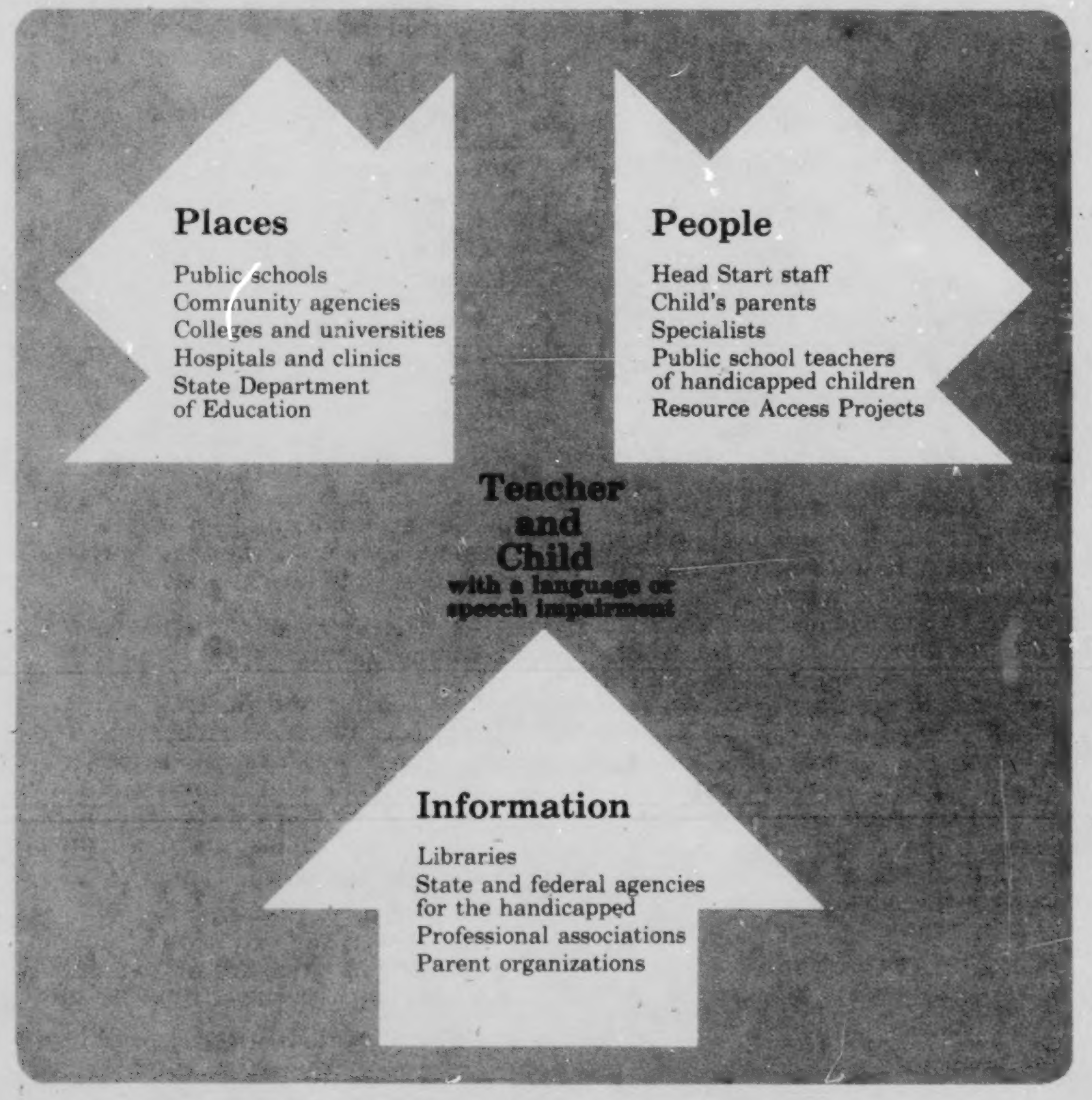
8 **ices coordinator, what special services a handicapped child is receiving and how you can get a specialist to help you in your classroom teaching**

- **arranging referrals through your handicap coordinator or social services coordinator for diagnostic evaluation, if you feel a child has a problem that has not been clearly identified.**

In carrying out this role, there are many resources that can be tapped to assist you. Later in the manual they will be described in more detail, but they are summarized on the following chart.

Where To Go for Help

There are many resources you can tap for help with a handicapped child. Take advantage of these resources by actively seeking them out. For detailed information on Head Start and other resources in your area, see Chapter 6. For detailed information on national professional and parent associations and other organizations, and a list of helpful materials, see Chapter 7.


Places
Public schools
Community agencies
Colleges and universities
Hospitals and clinics
State Department of Education
People
Head Start staff
Child's parents
Specialists
Public school teachers of handicapped children
Resource Access Projects
Teacher and Child with a language or speech impairment
Information
Libraries
State and federal agencies for the handicapped
Professional associations
Parent organizations

Chapter 2:

What Are Speech and Language Impairments?

2

The ability to use speech and language effectively allows children to make sense of their world, to communicate with others, and to learn.

During the preschool years, children are in the process of learning many new skills that will help them become independent, functioning members of our complex society. One of the most important skills preschoolers learn is oral communication. The ability to use speech and language effectively allows children to make sense of their world, to communicate with others, and to learn. Language affects children's cognitive, social, and emotional growth. For all of these reasons, it is important for preschool teachers and parents to understand speech and language impairments.

This chapter describes various speech and language impairments (also called communication disorders), and explains how to be alerted to them in children in your program. Information is provided to help you distinguish, for referral purposes, between true speech and language impairments in children and what are simply differences in the way children talk. Finally, this chapter suggests what steps to take if you suspect that a child has a communication disorder.

Not all communication differences are communication disorders.

Distinguishing Between Differences and Disorders

No two children talk in exactly the same way, because there is no one way of speaking that is most "normal." Different people speak differently. And the majority of these differences in the way people talk do not indicate speech and language impairments.

Communication is a complicated process of sending and receiving messages. In oral communication these messages are sent by a speaker and received by a listener. When there is a breakdown in communication, the message is not received for one of two reasons. Either there is a problem in the speaker, or there is a problem in the listener.

Problems in the Speaker: When a child speaks so differently that it is hard for everyone to receive his or her messages, that child probably has a true communication disorder. For example, consider Tony, a four-year-old who uses only single words when he talks. He pronounces these so poorly that he isn't understood most of the time. In this case, there is a breakdown in communication. Both the teachers and other children are affected by not receiving the messages sent by the child. But the real problem lies with Tony, who has a communication disorder.

There are many kinds of speech and language impairments in children. Some children do not speak at all; others talk but cannot be understood by most people at preschool and at home. Some children never speak above a whisper, or have a voice that sounds unusually hoarse or harsh. Some are much slower than their classmates in learning to understand and use language; others consistently get stuck trying to get words or sounds out. Children who have communication disorders may also have trouble understanding language, as well as a hard time telling others about what they want, their feelings, wishes, and fears. Speech or language impairments like these cause problems for the listener, but are the result of a problem with the speaker.

Problems in the Listener: There are other cases, however, in which the problem is not in the speaker, but in the listener. A communication problem can exist if a child has a speech or language style that is different from that of his or her teacher. For example, Chanice, a black child who recently moved to a new area, has no difficulty talking or being understood at home and on the neighborhood playground, but her white preschool teacher often doesn't know what she means. As a result, the teacher thinks there is something wrong with Chanice's speech. This is not an example of a communication disorder. The communication breakdown here is caused as much by the teacher as by Chanice.

A child whose dialect of English is different from that of the teacher may pronounce some sounds differently and his or her grammar may be different in some ways. Or, a child whose home language is not English may find it very difficult to communicate in the classroom. These are **communication differences** that may lead to a **communication problem** if the teacher does not accept and/or provide for these differences, and mistakenly assumes that there is a speech or language impairment.

Every group of persons living in the United States has a culture, and one's speech or language style is a way of reflecting that culture. Therefore, children whose language patterns differ from ours are not culturally deprived. They are culturally different. Although all cultures should be looked upon as being equally important, some people think that the group they belong to is better, more legitimate, and has more culture than others.

Not all communication styles are considered equal, either. Some people place more value on certain styles than others. Some are thought of as the standard forms of language (because more people may use them in classrooms, business, and so on) while other styles are thought to be non-standard forms. It may be true that, unless children become aware of and able to use the speech and language pattern that is most widely used, they will have a problem communicating with the majority of the population. But it is unfair to say that children whose speech or language patterns are different from your own have communication disorders *because* of these differences.

Just because a child speaks a different language or dialect of English than the teacher does not mean that you should not or cannot teach him or her anything about a more widely used speech or language pattern. You can help the child who speaks little or no English to use the language of your classroom. You can do the same with children who speak different dialects of English. But do not be surprised when these children switch back to their native language or home dialect in their neighborhoods and at home. It is not your role to transform the way these children talk. You can simply provide them with options to choose from and use, now and in the future.

Of course, children from minority families sometimes do have communication disorders. Speech and language impairments occur at *all* income levels and in *all* ethnic groups, no matter what dialect or language is spoken. If you suspect that a child from a minority culture has a speech or language impairment, find out about the child's home and family life. First consider:

- What language(s) is (are) spoken at home?
- Does the child's family speak a particular dialect of English?
- Do family members think the child has a communication problem?

Head Start programs have a well-deserved reputation for promoting the rich cultural and ethnic differences that exist among the families of children in their programs. You are perhaps least likely of all professionals to confuse cultural and ethnic differences with true speech or language impairments. However, when simple differences in the way a child talks are mistakenly labeled a communication disorder, the child suffers. That is why correct diagnosis is so important.

How Are Speech and Language Impairments Defined?

The term "communication disorders" includes all of the problems commonly called "speech impairments" or "language impairments." In this book, "communication disorders" and "speech and language impairments" mean the same thing. Project Head Start uses the term "speech impaired" to describe children in Head Start with any type of communication disorder.

In defining handicapping conditions, Project Head Start distinguishes between **categorical** definitions, which are used for reporting purposes, and **functional** definitions, which describe a child's areas of strength and weakness. The categorical definition uses Project Head Start's legislated diagnostic criteria. An interdisciplinary diagnostic team (or a professional who is qualified to diagnose the specific handicap) must use this definition to make a categorical diagnosis of a child. This diagnosis is used only for reporting purposes. A functional definition or diagnosis, on the other hand, assesses what a child can and cannot do, and identifies areas that call for special education and related services. The functional assessment should be developed by a diagnostic team, with the child's parents and teacher as active participants. Another term for functional assessment or functional diagnosis is **developmental profile.**

According to Project Head Start, the following categorical definition of communication disorders is to be used for **reporting purposes** in Head Start programs. In the definition, the term "speech impaired" is used to describe children with speech and/or language impairments.

> A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievements; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. *This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.*
>
> ("Transmittal Notice Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start," OCD-HS, September 11, 1975.)

This means that any serious speech or language problem that will continue to affect the way a child feels about him- or herself, learns in preschool, or gets along with others is considered a handicap. Children with such problems need special attention.

2

When Are Problems Handicaps?

Some "mild" impairments, such as mild articulation disorders, are not considered handicaps by Project Head Start. These conditions do not require special services during the preschool years. Children are considered handicapped if they fall within the legislative definition and if, by reason of this handicap, they require special education and related services. Although some children with mild impairments are not considered handicapped by Head Start, they should receive needed services. Mild impairments are discussed in this chapter. In addition, descriptions are included to make you aware of the contrasts and similarities among children with different levels of impairment, and to help you distinguish between these levels.

Types of Speech and Language Impairments

When a child has been diagnosed as having a communication disorder, he or she may come to your program with a report that states, "This child has a mild to moderate stuttering problem," or "Tanya has an expressive language problem, as well as severe articulation difficulties." You will want to know the meaning of these terms and others included in the Head Start definition.

In this book, four types of communication disorders are discussed. Receptive and expressive language impairments are referred to as **language** impairments. Stuttering, voice disorders, and articulation disorders are referred to as **speech** impairments. Following are descriptions of the common language and speech impairments that may be found in preschool children. Included are some of the characteristics generally noted in children with these problems. **This does not mean, however, that all children who are labeled as having the same problem will speak or act in exactly the same way.** It also does not mean that children who display some of the characteristics described *definitely* have the speech or language impairment listed.

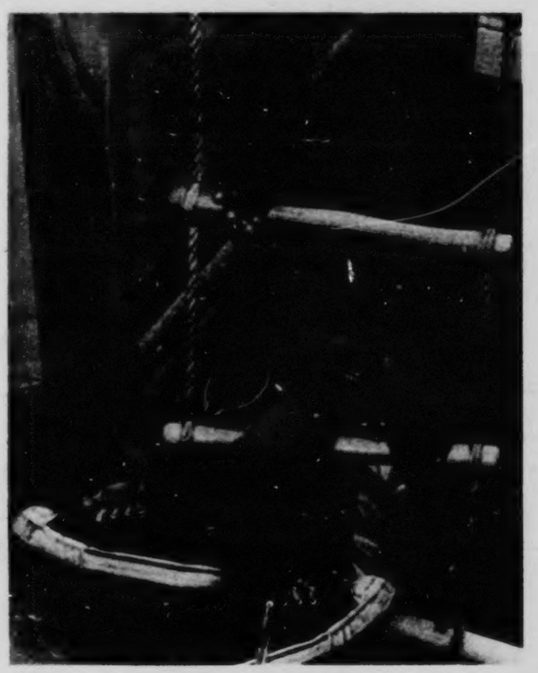
For example, several children who stutter will not sound the same, yet they may all be said to have this problem. On the other hand, a child who repeats some words or sounds at times should not immediately be assumed to have a stuttering problem. This is something that only a complete diagnostic evaluation can determine.

For a child who has more than one handicap (such as speech and language problems associated with hearing loss, cerebral palsy, emotional disturbance, or mental retardation), you will find that other books in this series offer more suggestions on how to work with the child. You should also call on any available specialists. They are experts who can provide valuable help both to you and the child with special needs.

Language Disorders

Language disorders include problems both in understanding and in using spoken language.

Children with language disorders are often classified as having **receptive impairments** (those that interfere with understanding) and/or **expressive language impairments** (those that interfere with speaking).



Understanding

When a child is said to have a receptive language impairment it means that he or she has difficulty understanding spoken language. The child may have trouble understanding anything said or may understand single words but be unable to understand spoken sentences or follow directions.

These problems may be mild and not easily noticeable (the child may often ask "What?" or sometimes seem confused). Or the receptive language impairments may be so severe that the child appears to understand almost nothing. Children with these types of problems often appear to understand when following what the other children do, or responding to gestures.

Children who have difficulty understanding spoken language also have a hard time learning to talk. Therefore, children who have receptive language impairments will also have expressive problems. The more severe the receptive impairments, the more severe the expressive problems.

Speaking

A child with an expressive language impairment may have a limited vocabulary. He or she may use fewer words than other children the same age. Or instead of calling objects by their correct name, the child may use words like "that thing" or incorrect words ("Give me the spoon" instead of "Give me the fork"). Frequently the child may not have learned the grammatical rules that other children the same age have mastered. In the more severe cases, the child may not speak at all or may use only gestures to express him- or herself. In other cases the child may use only single words or very short phrases (such as "Me home" to indicate "I want to go home").

Some children are thought to have an expressive language impairment only and no problems with comprehension. You should observe these children carefully for difficulties in understanding because some may have such problems.

Another skill thought to be closely related to language development may be deficient in children with a language impairment. This skill, called **sequencing**, involves the ability to deal with the order of events in time. When sequencing is deficient, a child can have problems dealing with the order in which sentences occur — in both listening and speaking situations. A child with sequencing difficulties will have a hard time telling a story in the right order.

Limited Vocabulary in Other Children

Children who have a limited vocabulary are not necessarily language impaired. They may simply have had limited exposure to many words and concepts. You are in an excellent position to do something about this kind of deficit. Exposing the children to new experiences, using the appropriate words often, and giving the children many opportunities to use these new words, are good ways to help build vocabulary and concepts.

16 Stuttering

Stuttering is a speech impairment in which there is a disorder in the rhythm of speech. The normal flow of speech is interrupted by a variety of behaviors.

The child who stutters may prolong or repeat sounds ("Mmmmy milk ssspilled" or "Cuh-cuh-can I guh-go now?") or syllables ("I didn't taaa-take it"), or sometimes whole words ("Don't don't don't do that") as he or she struggles to say something. The child's speech may also be interrupted by pauses, during which the child is obviously struggling to say something. Unusual behaviors such as several eye blinks, looking away, tapping the fingers, tremors or twisting the lips, or foot stamping may take place as the child tries to force words out.

Stuttering can range from mild to moderate and severe. Even the most severe stutterer, however, does not stutter on every word. The child who stutters may seem to have certain days or periods of time when the problem appears to lessen or get worse. But, in general, the problem is always there to some extent.

The normal flow of speech, uninterrupted by the behaviors described above, is called **fluent speech** or **fluency**. Speech that is interrupted in some way is called **nonfluent** or **disfluent** speech.

Most three- to five-year-old children repeat some sounds or words or clutter their speech with a lot of "uhs." This is usually done without tension. The child does not seem to be forcing or trying to "push" the words out. The repetitions do not seem to bother the child much. This is called **normal nonfluency** or **normal disfluency**. It is not considered stuttering. It is very common and is normally not a cause for alarm. It is thought to occur because the child is still in the process of learning to use speech and language. Usually if no one calls attention to this behavior, it will be outgrown. If attention is drawn to it, the child may become overly concerned about it, and it could become a problem unnecessarily.

Chronic Voice Disorders

Chronic voice disorders can involve the loudness, pitch, or quality of the voice. Children with chronic voice disorders sound unusual most of the time. The child's voice may be very loud, or as quiet as a whisper. The voice may be too deep (low in pitch), or too high for the child's age and sex. Or a child may speak in a monotone (with no variation in pitch). The voice may be hoarse, raspy, or strained. It may be **hypernasal** (seem to be produced through the nose), or **denasal** (sound as if the child always has a cold or sinus condition, even though he or she does not).

These conditions are a problem if they are always present, though they may get slightly better or worse at times. Diagnosis of a voice disorder should be made by an ear, nose, and throat doctor (otolaryngologist) who is experienced in working with children, with help from a speech-language pathologist.

Articulation Problems

An articulation disorder is a speech impairment in which a child's production of speech sounds is substantially different from that of other children who are the same age and who speak the same language or dialect. Sounds may be left out or distorted, extra sounds may be added, or some sounds may be substituted for others.

It is most important to know that most children cannot say all of the sounds in their native language correctly until age seven or eight. The chart on page 48 lists the sounds in the order that they normally develop in English and gives average age of development (that is, when 50 percent of the children can be expected to produce the sound correctly). You may want to use this list to look at the level of a child's articulation development. Children should also not be expected to say sounds that are not in their native language or dialect.

Serious Problems

A child with a serious articulation problem pronounces sounds so poorly that the speech is unintelligible. This means that the child *usually* cannot be understood at home, in the classroom, and in most situations by most people.

A child with a serious articulation problem may chatter away and sound as though he or she is talking gibberish: "Yeh me yuh a widō. Wa owde? Anna dō a baydō" instead of "Let me look out the window. What's out there? I want to go to the playground." Or the speech may be slightly more intelligible: "Do foop i dood" for "That soup is good." But in general, the child with a serious articulation problem cannot be easily understood by those who know the child, including in some cases the child's parents.

Mild or Moderate Problems

Some children have mild or moderate articulation problems. They can be understood most or all of the time, but they mispronounce some sounds or their speech seems immature, like that of a younger child. Some of these children will catch up or outgrow mild to moderate problems as they mature. If, over time, these children do not seem to be overcoming these problems on their own, some may eventually need the help of a speech-language pathologist. Children with milder articulation problems are not usually seen by a speech-language pathologist for therapy during the preschool years. These children need no more individual attention than any other child in your class. They are not considered handicapped by Project Head Start. Occasionally a child's mild or moderate articulation problems have a serious effect on how the child feels about him- or herself. In such cases, consult or refer the child to a speech-language pathologist.

Articulation Problems That Aren't Disorders

Some problems children may have in producing speech sounds are not articulation disorders. Many children pronounce sounds inconsistently. They may pronounce a sound correctly in some words and incorrectly in others. Or they may say it correctly when you tell them, "Say shoe," but will not say the **sh** sound correctly when they use the word "shoe" in conversation. This kind of inconsistency usually means that the child is still learning the sound and will begin to use it consistently, if left alone.

You may notice that a child always says a sound incorrectly in a few words, even though he or she says it correctly in most other words. For example, the child may say "bacuum" for "vacuum" but pronounce "van" and "very" correctly. This is because the child has learned the *word* "vacuum" incorrectly, not the *sound* "v." In this case you can usually teach the child to say the particular word correctly simply by telling the child how it should be said. Have the child look at you as you say it. Give the child a few opportunities to use the word. You can remind the child if he or she forgets to use the correct pronunciation at some other time.

Commonly Associated Handicaps

Many children with speech or language impairments have no other known handicaps. However, speech or language impairments are frequently associated with, or are the result of, other types of problems, such as hearing loss, cleft palate, cerebral palsy, mental retardation, or emotional disturbance. This section describes the types of communication problems that may be present in children with these other handicaps.

A hearing aid is only the first step in solving the speech and language problems of a child who has hearing loss.

Disorders Associated with Hearing Loss

Children who have hearing loss may have voices that are too loud or too soft, or that sound unusual. Some may not talk at all. Some may use only single words or phrases. Some may use incomplete sentences and grammar that is not as developed as the grammar of other children their age. These youngsters may also have articulation problems and limited vocabulary. Speech and language problems can range from mild to severe, depending upon the type and severity of the hearing loss, the age when special training began, and other factors. Even after a child has been fitted with a hearing aid or aids, these speech and language problems may remain. A hearing aid, except in the mildest cases, will not be able to give the child truly normal hearing, and it certainly won't result in spontaneous improvement in the child's speech and language. A hearing aid is only a first step toward solving the child's speech and language problems.

Very often, preschool children are prone to middle ear infections. These ear infections recur several times a year in many children, and may affect both ears. When this happens, the hearing in the infected ear or ears is slightly affected. Although the hearing loss is usually mild and temporary, it will recur with each new ear infection. When infections are a frequent problem, they can interfere with a child's speech and language development, leaving the child with some degree of articulation or language disorder.

For detailed information and ideas on working with children who have hearing problems, you should also refer to the book on hearing impairment in this series.

Disorders Associated with Cleft Palate

Cleft palate is a condition present at birth in some infants, in which the roof of the mouth (palate) has a narrow opening (cleft), which can interfere with speech. The condition is usually improved through a series of surgical procedures. Depending upon the degree of success of the surgery, some children may speak quite normally thereafter, while others may not.

The speech of a child with cleft palate may sound hypernasal. For some children, air may come out of the child's nose while he or she is talking. Sometimes this causes a snorting sound in the child's speech. Another child's speech may sound denasal — as though he or she has a cold or sinus condition — for a number of reasons. Speech may also sound denasal if the child wears an artificial device in the mouth to aid speech.

With cleft palate (repaired and unrepaired), it may be extremely difficult to pronounce **s, z, sh, ch, k,** and **g** sounds. Ear infections may be common in children with cleft palate, causing brief periods of hearing loss. These children may also have problems in understanding (receptive language) and speaking (expressive language).

Disorders Associated with Cerebral Palsy

Cerebral palsy is a condition characterized by difficulty in controlling voluntary muscles. There are several types of cerebral palsy. The specific communication problems a child may have are related to the type and severity of the condition. Some children with cerebral palsy have no speech or language problems. Others have problems ranging from mild to severe.

Some children may have difficulty providing enough breath to allow voice to be produced. Some children may also have articulation problems, due to poor muscle coordination in their jaws, lips, tongue, throat, and palate. Some children may have language problems if their early life experiences have been limited or if the cerebral palsy is associated with mental retardation or hearing loss.

For more information on how to work with a child with cerebral palsy, refer to the book on orthopedic handicaps in this series.

Disorders Associated with Mental Retardation

Speech and language problems in mentally retarded children range from mild to severe (little or no communication development), depending on the level of retardation and on many other factors (such as previous therapy and home environment). Children with mental retardation generally have problems both in understanding and speaking. Their receptive ability (following directions and understanding concepts or language in general) is reduced. Their expressive language (vocabulary, sentence length, and sentence structure) may be like that of younger children. They may gesture, point, and make noises to express what they want or feel. Articulation skills may be quite delayed.

For detailed information on how to work with children who are mentally retarded, refer to the book in this series on mental retardation.

Your classroom observations can help you decide whether a child should be referred for evaluation by a speech-language pathologist.

Disorders Associated with Emotional Disturbance

Children who are emotionally disturbed may not have any language or speech impairments. Or, they may have any one or a combination of the communication problems already described. This varies with the individual child and the particular emotional problem.

Some emotionally disturbed children are capable of normal speech and language but refuse to talk. Instead they may use gestures. Some children may have severe receptive and expressive problems, or may respond to speech at some times and not others. Some may do nothing more than echo what is said to them, say things that are inappropriate to the situation (such as reciting the alphabet or television commercials in answer to simple questions), or repeat certain words or phrases over and over. Some emotionally disturbed children may use long rambling sentences; others may use very short, concise ones. Still others may mix up pronouns (I, you, he, she) when talking. Some may speak too loudly or too softly, or may have a chanting or sing-song quality to their voices.

For detailed information on communication skills related to specific emotional problems, and on how to work with emotionally disturbed children in general, consult the book in this series on emotional disturbance.

2

Recognizing Problems for Referral

Some children with communication disorders will be diagnosed before they are enrolled in Head Start, but others may not be. Some parents may assume that their child will outgrow a problem, and start talking soon. Some parents need advice and encouragement from teachers to recognize and face problems that may have troubled them in their child's behavior. Others may recognize that there is a serious problem in their child, but may not know where to go for diagnosis and help. You may be the first person in the life of the child who can alert other professionals to a speech or language impairment, so that services for that child's special needs can finally begin. Diagnosis, first and foremost, is needed to point out the extra help and services these children need.

General Guidelines

Learn to Observe Carefully

Your own classroom observation, plus conversations with parents about their children, can be the best foundation for deciding whether to refer a particular child to a speech-language pathologist for a professional diagnosis. As a classroom teacher, you observe children and draw conclusions every day.

Do you have a child in your class who doesn't follow your directions, doesn't talk to others, or seems extremely quiet? As you observe the child, figure out what might improve the behavior, and try several approaches. You may find that the child's problems are not as serious as you first thought. If they still do seem serious, you can conclude that a professional evaluation is needed.

This process of carefully observing and drawing conclusions helps you plan activities to meet the individual needs of all the children. Even though you aren't a professional diagnostician, don't underestimate your ability to spot potentially serious problem areas that may signal special needs in a child.

Ask Questions

Ask yourself some good, basic questions to determine whether a child should be referred for professional evaluation:

Does the child talk like other children of his or her age?

Is this child's ability to communicate so limited that it keeps the child from participating fully with the other children?

Does the child's understanding of what is said (in his or her home language) seem so limited that it keeps him or her from participating fully with the other children?

Does the child speak so little or so unintelligibly, or sound so different, that adults and other children would notice it?

Does the child exhibit this communication problem on the playground, at home, and in other situations, as well as in the classroom?

If your answer to any or all of these questions is yes, *and* if the parents agree, referral is needed. If it turns out that the child does *not* have a speech or language impairment, you and the parents will be reassured and will gain a better understanding of the child. If the child does have a speech or language impairment, you will then be able to begin the process to obtain the needed help.

Does the child speak so little that adults and other children would notice it?

Recognize Individual Differences

In considering the need for referral, distinguish between those children whose temperaments and individual learning styles you find difficult and those children who may be handicapped. Children, like adults, may be slow or quick to catch on to things, may be quiet and thoughtful or very energetic and into everything. Some become frustrated more easily than others, some get distressed and upset more easily than others, and some demand more attention than others. It is helpful to ask yourself: "Do I find this child difficult because of individual style differences between the two of us? Or is the behavior of the child genuinely different from the range of behavior shown by other children the same age?"

2

Using an Observational Checklist

The checklist of behaviors beginning on page 24 can alert you to an undiagnosed speech or language impairment in a child. It can help you determine whether to refer a child for a complete evaluation by a speech-language pathologist.

The checklist is divided into five sections. Each section focuses on one aspect of communication that may be impaired in preschool children. "Reception" refers to a child's understanding of spoken language. "Expression" refers to a child's ability to put thoughts into words. "Articulation" refers to a child's ability to produce speech sounds. Reception, expression, and articulation are skill areas that are still developing in preschool children. This means that what may be appropriate speech and language skills for a three-year-old are inappropriate in a five-year-old, and may be a signal of a real problem. For this reason, the first three sections of the checklist are arranged according to increasing age.

The final two sections of the checklist, "Rhythm" and "Voice," have to do with the characteristics of children's speech and language. These characteristics are not necessarily related to age, and the two sections are not arranged in that way. No matter what the age of the child, certain behaviors in these two areas can signal a communication problem. The variety of behaviors to look for are listed.

The items on the checklist are specific, representing behavior that may signal a problem. We must emphasize, however, that these items are approximate descriptions. Every child in your classroom will probably show one or more of these behaviors from time to time. **Problems are indicated only when such behaviors happen often or all of the time.**

Observational Checklist

For each item on the checklist, check whether a child often or always behaves that way, or rarely or never does. One or more checks in the "often or always" column could mean that a child has a serious problem, and that you should talk to someone in your program (such as a speech-language pathologist, social services coordinator, or the handicap coordinator) about referring the child for a complete evaluation.

If you are observing a child who is bilingual or of a different culture from your own, think about his or her communication skills in terms of the child's background and the language patterns used at home. You may want to ask someone from the same culture as the child to observe the child and to go through the checklist with you.

*Observational Checklist**

Reception

	Often or Always	Rarely or Never
After 24 months, the child cannot point to common objects that are named.	☐	☐
After 24 months, the child cannot understand simple one-part directions, such as "Bring me the ball."	☐	☐
After 36 months, the child repeats questions rather than answering them. For example, when asked, "What did you do yesterday?" the child responds, "Do yesterday."	☐	☐
After 48 months, the child cannot follow two-part directions, such as "Put the book away and get a chair."	☐	☐
After 48 months, the child is unable to respond, even with appropriate gestures, to a slightly complex question such as "What do you do when you're thirsty?"	☐	☐
After 48 months, the child seems confused when asked a question or when the class is given instructions. The child waits to see what the other children are doing when directions are given.	☐	☐

Expression

	Often or Always	Rarely or Never
After 24 months, the child has not yet started talking.	☐	☐
After 36 months, the child cannot put words together to make simple sentences such as "Give me more juice."	☐	☐
After 48 months, the child cannot tell a recent series of events.	☐	☐
After 48 months, there are unusual word confusions or substitutions of words when the child talks. For example, the child may say "I want a crayon" for "I want a pencil," or "Give me the stove thing" for "Give me a pot."	☐	☐
After 60 months, most of the child's grammar and sentence structure seems noticeably faulty, and is unlike the communication pattern used in the child's home.	☐	☐

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* Many of the items in this checklist were obtained from **Getting a HEAD START on Speech and Language Problems** by Susan Hansen. Copyright 1974 Meyer Children's Rehabilitation Institute, 444 South 44 Street, Omaha, Nebraska 68131.

Articulation

	Often or Always	Rarely or Never
After 24 months, the child uses mostly vowel sounds (oo, ah, ee) and gestures when talking.	☐	☐
After 36 months, the child leaves out the first sound in many words (says "at" for "cat" or "es" for "yes").	☐	☐
After 42 months, friends, neighbors, and teachers cannot understand most of what the child says.	☐	☐
At any age, the child seems embarrassed or disturbed about his or her speech.	☐	☐
At any age, speech sounds are more than a year late in developing. (See pg. 31 for the developmental sequence and average ages of speech sound production.)	☐	☐

Voice

	Often or Always	Rarely or Never
The child's voice is so soft that he or she can barely be heard.	☐	☐
The child's voice is extremely loud.	☐	☐
The child's pitch is inappropriate (too high or too low) for the child's sex and age.	☐	☐
The child's voice sounds hoarse, strained, or unusual in some way.	☐	☐
The child's speech is denasal (sounds as if he or she has a cold or sinus condition).	☐	☐
The child's speech is hypernasal (sounds seem to be spoken through the nose rather than through the mouth).	☐	☐

Rhythm

The child has noticeable difficulty and seems to struggle trying to say words or sounds.	☐	☐
The child is aware of this difficulty.	☐	☐
There is an abnormal amount of hesitation, repetition of sounds ("cuh-cuh-can") or words ("but-but-but"), and/or prolongation of sounds ("sssssomething") or words ("mmmmeeee") in the child's speech, and the child seems aware of it.	☐	☐

26 Referring for Diagnosis

Get Professional Help

Head Start guidelines require that every child entering the program be screened for speech and hearing problems. Some Head Start centers employ a speech-language pathologist to carry out the screenings as well as do regular diagnostic work and therapy for children in the program. Other centers may call upon local resources (see Chapter 6) for personnel to conduct screening. If you are unsure whether to refer a particular child for evaluation, and a speech-language pathologist is available, ask this person to observe the child with you. Together you and the specialist can decide if the child should undergo a full evaluation. This is also true for children who have passed hearing tests, because sometimes the results can be incorrect.

If you are unable to consult with a speech-language pathologist in your center or local area, but feel that an evaluation is called for, do not hesitate to make the referral. From the child's point of view, referral is better than non-referral. If the evaluation shows that the child does not have a communication disorder, no harm has been done. If, on the other hand, a child with a problem is not diagnosed, you may not be able to help him or her, and the child's needs will be overlooked.

Sometimes children are incorrectly diagnosed. If you think a child may have been incorrectly diagnosed, a referral is also preferred. If a child enters your class already diagnosed as having a communication disorder, take a close look. You may find that you have serious reasons to doubt the diagnosis, based on what you see and know about the child. If so, have the child re-evaluated.

Testing

There has been much discussion of the deficiencies of standardized tests in regard to various minority groups whose speech and language patterns as well as cultural backgrounds are different from those who do the testing and design the tests. Very often tests are designed with only one cultural or racial group in mind. The items included in the test may take into account things that relate to what is thought of as average or "normal" for this group only. This is not necessarily what is average for children whose background, life-style, and speech and language patterns may be quite different. Therefore, these tests are inadequate for use with many minority ethnic and cultural groups in the United States, because children may be misdiagnosed as being deficient in the skills tested. In reality, the test itself has not appropriately measured the children's skills.

In addition, children from different cultural backgrounds have been misdiagnosed as having speech or language problems as a result of the stereotyped idea that as a group they are "culturally deprived." If a careful, thoughtful, and thorough speech and language evaluation is done by a diagnostician who is sensitive to cultural differences, this type of misdiagnosis will not take place as easily. **Culturally relevant and otherwise appropriate tests should be administered by a speech-language pathologist who knows the language or dialect of the**

child being evaluated. In this way, valid and important information can be gained.

Testing can be helpful in describing a child's current level of development in the various aspects of communication. It can point up the areas in which the child has special needs. And it can suggest ways in which these needs might best be met. However, testing is not foolproof. Mistakes can be made for various reasons.

Children with language or speech impairments often perform poorly on standardized tests. For example, as a result of the child's poor performance on an intelligence test, a child with a language impairment or an undetected hearing loss may sometimes be wrongly diagnosed as mentally retarded. This is because language skills are needed for taking many of the standardized tests of intelligence. Language comprehension skills are needed because spoken language is used to give directions (even for non-verbal tasks) and to present many test items. The skills of following directions and understanding questions are some of the very skills a child with a receptive language impairment may lack.

In addition, the child must have expressive language skills in order to respond correctly to many of the test items. If the child cannot hear or understand the directions or questions or cannot express the answers appropriately, he or she will fail many items on the test. This does not mean that the child is retarded or of low intelligence, but merely that the child lacks specific language skills. In this case the child's intelligence has not been measured appropriately. There are non-verbal tests of intelligence available, which may be more appropriate for use with children who have or are suspected of having language disorders. However, even with these tests the child must be aware of what he or she must do in order to be successful. A good diagnostician will try to select intelligence and other tests accordingly.

For further information about screening, diagnosis, and the use of tests, see the Appendix.

Steps to Take

If you suspect that a child in your class has an undiagnosed communication disorder, take the following steps.

1. Find out whether the standard screening tests have been given. Talk to the handicap coordinator, the person responsible for coordinating health services, or someone else in your program who you think could be helpful.

2. If the child has not been screened, get parental permission to have a screening done. Share your concerns with the person doing the screening. Depending on the screening results, a complete evaluation may or may not be needed.

3. If the child has been screened, and no problems have been found, but you are still concerned about the child, speak to the handicap coordinator, health coordinator, or social services coordinator. The parents will have to give their permission for further testing. Explain to parents that the diagnostic process will determine if a problem is present and what kind of problem it is. It will describe in detail the child's speech and language skills and needs. In addition to testing, the speech-language pathologist will probably interview the parents. Information may also be obtained from health and social service specialists to learn about the family history, medical history, and social history of the child. A child who has a speech or language problem should always have his or her hearing evaluated. Other examinations may be recommended, possibly psychological, neurological, or otological (ear examination).

4. While waiting for a professional diagnosis:

- Talk with parents about their observations to help you work more effectively with their child.

- In the classroom, maintain a warm, accepting environment, and help the child feel that he or she is an important member of the class. Keep communicative stress low: encourage any attempts the child makes to talk, but do not try to force the child to do more than he or she can do. Provide the child with good speech-language models. Speak clearly and not too quickly, using short, simple sentences.

- If possible, ask a speech-language pathologist to suggest some basic activities and approaches or adjustments for working with the child. The specialists can often give you some general guidelines that you can follow until a more detailed educational plan can be developed and implemented. Chapter 4 discusses guidelines and ways of conducting activities for children with communication disorders. Use them if they seem appropriate and if you find they work.

- Continue to observe, keep notes, and think about the child's communicative behavior. This will help you to learn and understand more about the child's communicative abilities. You may find that listening to a tape recording of the child talking to you and other children will help you to make observations about the child's speech and language. Later on, the recording can help make you aware of changes that have taken place in the child's ability to communicate.

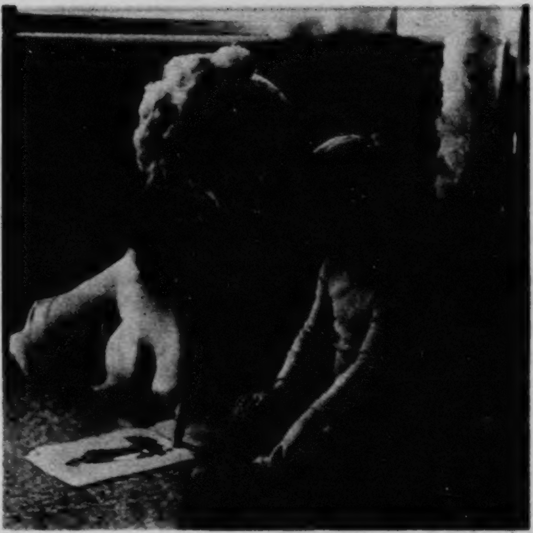
5. Find out the results of the diagnostic evaluation. You need to know more than just the test results. More importantly, you need a detailed description of what speech and/or language behaviors the child needs to master. Using this information, you can develop an educational program appropriate to the child's individual needs. The child may require special help. Ask for specific ideas on how best to deal with and teach the child. Maintain contact with the speech-language pathologist (see Chapter 6 for ideas on how to do this).

6. Although the parents may ask the speech-language pathologist questions, they will also rely on you for information about their child. Discuss with the speech-language pathologist how you can best explain diagnostic and other information to the parents. Be sure that you and the speech-language pathologist agree on the language or speech goals for the child, so that you are both consistent in your discussions with the child's parents.

Chapter 3:

How Communication Disorders Affect Learning in 3-to 5-Year-Olds

3



You need to know what each child can do and what new skills each child is prepared to master.

Good teaching involves finding out what each child can do and what new skills each child is prepared to master. You are in a position to learn a great deal about a child's functioning, because you have the opportunity to observe the child on a daily basis and to talk with the child's parents. To help you, this chapter contains detailed information on the normal development of communication skills and on how various communication disorders affect learning in three- to five-year-olds. Checklists are included for your use, to help you get as much information as possible about a child and to help you measure changes in the child over time. Together with the chart of normal development (page 161), the information and checklists can help you plan activities to facilitate a child's development of communication skills.

Development in Children

Although much is known about the milestones in child development, we still cannot predict exactly when young children will take their first steps or say their first words. We do know, however, that most non-handicapped children reach a given developmental milestone of childhood within a few months of each other. For example, Martha said her first words when she was 11 months old. Her younger brother, Victor, did not talk until he was 15 months old. But both of these children are considered to be following normal development.

In general, children with language or speech impairments follow the normal rate and developmental sequence in acquiring skills in many of the areas shown on the chart of normal development. Some of these children have problems in other areas. For example, Fred, a four-year-old with a serious articulation disorder, has not learned many of the gross and fine motor skills that most children his age have mastered. All children who are classified as speech or language impaired have communication skills that are not within the normal range.

Speech and language learning is a very complex process that is not yet fully understood. The process begins in early infancy, long before children utter their first meaningful words, and continues through the preschool years. Although there is additional language learning after five years of age, most five-year-old children have learned enough about language to communicate their feelings, needs, and ideas to others, and to understand what others communicate to them.

While most children go through this language learning process without obvious difficulty, children who are language impaired do not. It is not known if their language learning is simply much slower than that of other children, or if their approach to language learning and the quality of what they say is truly different from that of others. Whichever is true, the teacher and the speech-language pathologist need to be aware of the normal developmental sequence in order to help language impaired children develop the ability to communicate.

If you have a child with a language impairment in your class, it is important to find out the child's level of speech and language development and to know what stage comes next in the normal developmental sequence. This information will enable you to plan appropriate objectives for the child. For example, if the child is at the single-word stage, you would want to help the child begin to use two-word expressions. You would *not* expect the child to progress from the use of single words directly to the use of simple sentences.

The next section briefly describes the normal sequence of the development of language skills.

Speech and language learning begins in infancy.

3

Normal Development of Communication Skills

One to Four Months

During the first month of life, babies begin learning to talk by making non-crying sounds. These non-crying sounds are usually vowel-like in quality and are called **cooing.** They occur most often when infants are in a state of comfort. The cooing noises are not like the sounds of adult speech, because the muscles and structure of the vocal mechanisms (mouth, tongue, jaw) are not yet mature enough to perform the movements necessary for more adult-like utterances. The cooing sounds do, however, appear to serve a communicative function. If an adult imitates a baby's cooing noises, the baby will remain silent while the adult coos and will then coo back. Thus babies at this early age engage in what will later form the basis for communication: "First I'll say something and then you will take a turn."

While these changes are taking place, changes are also occurring in infants' ability to respond to speech. Infants between one and four months of age appear to hear differences among speech sounds. They can also detect the difference between a friendly voice and an unfriendly voice. At this age infants also appear to respond selectively to the voice of their caretaker. The sound of the caretaker's voice, for example, will cause them to stop crying, while other voices will not.

Four to Ten Months

When infants reach about four months of age, their predominantly vowel-like expressions change to a more systematic repetition of consonant-plus-vowel sequences (for example, "bababa"). This repetition of sound sequences is called **babbling.** The sound sequences do not appear to be related to specific objects, people, or events in the environment. Rather, they appear to be a part of sound experimentation for its own sake. From these repetitive sequences the child achieves greater control of the vocal mechanisms and may begin to try to match his or her sound productions to the sounds he or she hears.

Four-month-olds babble responsively with adults if the adults use the sounds the babies have already learned to say. Eight-month-olds play this game, but imitate new sounds they have not yet made. By about ten months of age, most infants begin to use specific sound sequences with differing intonations to perform a variety of different communicative functions. For example, they begin to request objects, to demand actions, to greet, and to show pleasure.

Ten to Twelve Months

When children are about ten months of age, parents begin to report that their children are beginning to understand speech. For example, parents may say, "When I tell him to give me his bottle, he gives it to me" or "When I tell her to look at the ball, she looks at the ball." Probably what the babies are responding to is not the words the parents are saying, but the intonation of their parents' voices and other cues that are present. (Other cues could include looking at the ball when the parent wants the baby to look at the ball, or stretching out a hand when the parent wants the child to give him or her a bottle.) However, from this type of activity children begin to learn to understand and use the words that others use to describe specific objects, people, and events, for the purpose of communicating their needs and feelings.

Children's growing ability to understand and produce language is connected with their cognitive development. Children use language as a means of thinking and talking about what they know about the world. For example, a child learns to understand and say the word "chair" in response to a group of objects that have similar characteristics or share a common function. This information is gained through the child's previous experience with chairs. From this experience, the child has formed a concept to which he or she applies the label "chair."

Children's first words appear at about one year of age. Since they have already responded to familiar people, objects, and action, it isn't surprising that their earliest words generally refer to familiar people (mommy, daddy, and self), common objects that they have acted on or dealt with in some way (bottles, shoes, and toys), and actions that they and others have performed (going or looking). They also use certain other words to talk about objects and events (more, all gone, that's all).

This group of words shows that children know that things exist and can disappear and reappear. Taken together, these are the types of words that make up the child's earliest vocabulary.

Twelve to Eighteen Months

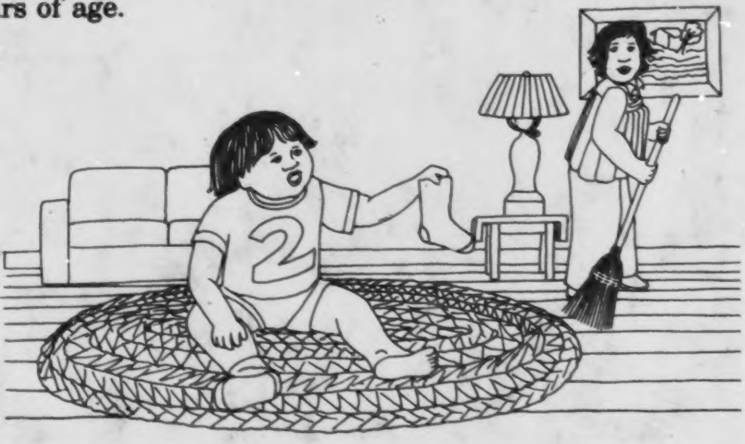
From approximately 12 to 18 months of age, the average child acquires a vocabulary of about 50 words. Some children add new words at a steady rate. Others start out slowly and pick up speed as they approach 18 months. Children's single-word expressions are used both to talk about the environment and to express their feelings and wants. For example, a child may say "truck" to mean "I see the truck" or to mean "Give me the truck."

Sometime around 18 months of age, children begin to use single words to describe or interact with the environment in a slightly different way. Instead of saying a single word to talk about an event, they use successive single words. For example, a child may say "Open. (pause) Door," to mean "Open the door." In children's successive single-word phrases, words are used to talk about people, actions, and objects. These words are usually expressed in the correct order. When children use this type of successive single word phrase, they are demonstrating that they are coming closer to using two words together, a milestone that is generally reached around two years of age.

Two to Three Years

Around the age of two, children begin to put words together into two-word phrases to talk about what they know and/or want. They begin to say things like "more milk" to mean "Mommy, give me more milk," or "Mommy sock" to mean "This is Mommy's sock." Children's two-word phrases can be said to express **basic relations.** By watching what a child is doing when he or she talks, one can tell which basic relation the child is expressing at the time. For example, if a child says "Mommy sock" while holding her mother's sock, she means to talk about possession and is expressing the **possessor-possession** relation. If the child says "Mommy sock" while holding his or her own sock out to the mother, the child means "Mommy (subject), put on my sock (object)," and is expressing the **subject-object** relation. Eventually children learn to express all of the basic relations. (See Table of Basic Relations).

When children begin saying two words together, there is also a shift in how they use language. They use language not only to ask for or indicate things in the environment, but also to refer to events that have happened in the past or may happen in the future. For example, "stick outside" may now mean "I saw a stick outside." "Stick outside," said while mommy is dressing the child to go out, may mean "I will find a stick outside."



"Mommy, sock" can mean "This is Mommy's sock" or "Mommy, put on my sock." Watching what a child is doing when he or she uses two-word phrases can tell you what the child is trying to express and what basic relations the child can use.

Table of Basic Relations

Example of Utterance	Meaning	Relation Expressed
1. "Daddy door."	"Daddy is closing the door."	*Actor + Object (person doing something + thing)*
2. "Want juice."	"I want some juice."	*Action + Object*
3. "Mommy open."	"Mommy, open this box."	*Actor + Action*
4. "Dirty shoe."	"I have a dirty shoe."	*Attribute + Object (descriptive quality + thing)*
5. "Jessica coat."	"I see Jessica's coat."	*Possessor + Possessed*
6. "That book."	"That is a book."	*Demonstrative + Object*
7. "Duck chair."	"The duck is on the chair."	*Object + Location*
8. "Jump bed."	"I am jumping on the bed."	*Action + Location*

Table of Expansions

Example: *Subject-verb-object utterance: "Boy push car"*

Constituent	Expansion	New Utterance
Boy = *subject*	*article + adjective + noun*	the big boy
push = *verb*	*verb + tense* *auxiliary + verb* *modal + verb*	pushed is pushing can push
car = *object*	*object + prepositional phrase*	car in garage.

Three to Four Years

In the next stage of language acquisition, around age three, children begin to combine the two-word expressions described above into multi-word expressions. They begin to say three or more words at a time, rather than only two. Basically, they begin using groups of words to form simple sentences that consist of Subject + Verb + Object (for example, "boy push car"). At the same time, each of these elements (subject, verb, and object) begins to be expanded into longer and longer phrases. See the table for examples of ways they can be expanded.

As children learn to use more complex types of sentences, they must learn the specific rules of a particular language. For example, they must learn that past action is expressed by adding **ed** to the verb, or that ongoing action is expressed by adding **ing** to the verb. They must learn that to ask a question they need to say the auxiliary verb before they say the subject — that is, "What **is** she doing?" and not "What she is doing?" The specific rules or language structures learned by children are different in every language and dialect. How children master these specific rules of language is a process that is not well understood at this time.

Four to Five Years

During ages four to five children develop the ability to express the relations between sentences and within sentences. An example of a phrase that shows the relation between sentences is "My mama is washing the dishes and I am drying them." This phrase is made up of two separate but related sentences: "My mama is washing the dishes. I am drying them." A phrase like "The lady who gave me a cookie is Fred's mother" is an example of how children express relationships within sentences. It expresses two facts about the lady: "The lady gave me a cookie. The lady is Fred's mother." Sentence constructions like these enable children to express logical relations like **and, or, but,** and **because;** time relations like **when** and **then;** and spatial relations like **where.**

The language that normal children have mastered by about age five can be put to a variety of uses. Five-year-olds can use language to request, demand, invite, insult, and so on. Basically, children have learned that it is language that allows information to go from person to person, and that language is used to express thoughts and solve many cognitive tasks. As children's knowledge of the world expands, their language ability continues to grow and to be refined. But the five-year-old has acquired all of the major components of the adult language system. Learning the rules and uses of the adult language system gives the child a valuable tool for survival and success during the preschool years and beyond.

The next section can help teachers identify how children with speech and language impairments function in the various skill areas. This information can be used to plan activities that relate to a child's special needs.

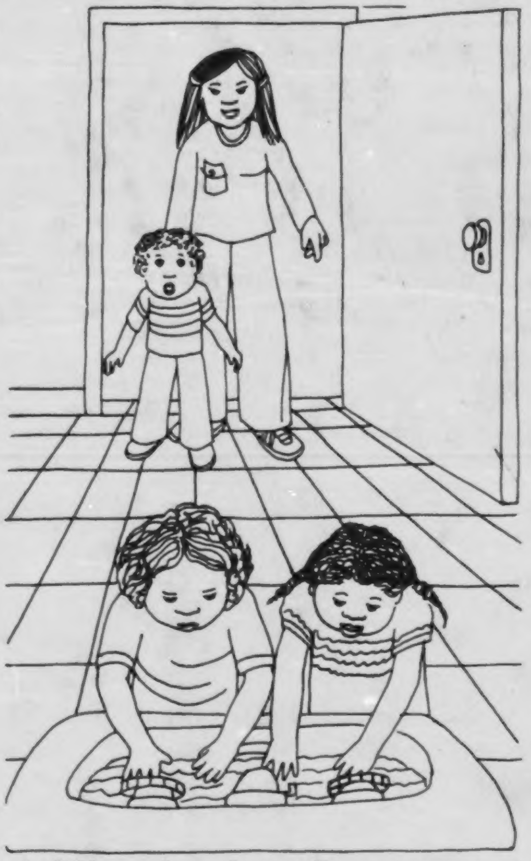
Children with Language Impairments

Communicative Functioning

Children with language impairments may have problems in several or all aspects of language: vocabulary, combining words to make sentences, as well as their use of specific rules of language. They may also have some problems with articulation (producing speech sounds). The performance of individual children in each of these areas is different. All aspects of speech and language need to be assessed in order to plan for a particular child. There may be some areas of speech and language in which the child is very much like other children his or her age, and other areas in which the child hasn't started doing what most of the others in the group can do.

As you learn about a child's level of communicative functioning, consider what the child **understands** as well as what the child **says.** Like other children, many children with language disorders understand a lot more than they are able to say. There are also children whose understanding of language is about equal to what they say.

Discovering what a child understands is not always easy. Usually when you ask a child to do something, you give him or her many cues. For example, if every day before lunch you tell the class, "Go wash your hands," a child with a language disorder may go and wash his or her hands. This does not mean that the child understood what you **said**. He or she may have responded correctly because of the gestures you used, where you were standing, the time of day, or as a result of other cues. He or she might have done the right thing if you had said "hands" or "hands your wash go." To find out whether a child understands certain types of sentences, try not to give any cues other than words. The cues you normally use to help get your message across when trying to teach a child should *not* be used when trying to determine how much of what you say he or she really understands.



A child may be understanding your cues, not your words.

Does the child use language:

	Yes	No
to talk about what he or she does?	☐	☐
to talk about what others do?	☐	☐
to talk about something that happened in the past?	☐	☐
to talk about something that will happen in the future?	☐	☐
to ask for things?	☐	☐
to ask someone to do something?	☐	☐
to get information?	☐	☐
to get permission?	☐	☐
to answer questions?	☐	☐
to talk about his or her positive and negative feelings about him- or herself?	☐	☐
to talk about his or her positive and negative feelings about others?	☐	☐
to make others laugh?	☐	☐
to make childlike jokes?	☐	☐

It is also important to learn how a child uses spoken language. For example, can the child use language to express his or her needs, to tell jokes, or to get others to play with him or her? Finding out how children do and don't use language can give you more language goals on which to work. To the left is a checklist of some of the ways that preschool children use language in the classroom.

Most preschoolers with language impairments are capable of some verbal communication. However, some children with severe language impairments and some children who are multiply handicapped are not able to communicate verbally. This does not mean that these children do not have any speech or that they will never talk. But the little speech they have at present is not enough to tell others what they need, how they feel, or what they know. These children need to supplement their present inadequate communication system with another way to talk and respond to others. They may need to learn to use a device called a **communication aid,** or they may need to learn another communication system like sign language.

Although not very many children use communication aids or need to learn sign language, these systems serve a highly useful function. They enable a child to communicate his or her wants or ideas to others. A communication aid is usually a board containing a set of pictures, symbols, words, and/or letters from which the children choose in order to identify what they want to communicate. The boards may or may not be mechanically operated. If a child in your classroom does use a communication aid, the speech-language pathologist and the child's parents can help you learn to use it effectively with the child.

Cognitive Functioning

Cognitive functioning refers to the ways we learn about and understand things. Children must understand and know about things before they can talk about them. Therefore, **some language impairments may be based on problems in the area of cognitive functioning.**

Children who are using some language, even only single words, understand a great deal more about their world than the words they use can tell you. Consider Hideko, a child who can say the word "Mama." Even though that's the only thing she can say, Hideko knows many things about Mama:

> *Mama is different from me. Mama is the person who helps me get dressed and gives me kisses. Mama is the person who makes my breakfast and plays with me. Other people do these things with me, but Mama has a special voice, and a special way of hugging me, and Mama is the person who takes care of me most of the time.*

Hideko has learned to sort out the differences among people, things, and actions. Mama is different from the child, and Mama is different from the actions she performs. Hideko learns these things without words, by seeing and being involved with actions, objects, and people. As she hears the associated words repeated over and over, she can begin to connect the words with the actions, objects, and people. Then she can begin to talk about them in single words, first in their presence and, later on, in their absence. When Hideko understands the way people, actions, and things go together, and has heard the ideas expressed repeatedly, she can begin to talk about them by putting words together.

Hideko has mastered a series of cognitive abilities that children need to acquire before they can begin to talk. Most non-handicapped children develop these skills by about 18 months of age. These abilities are usually developed over a period of time and not all at once. But they are critical if a child is going to be able to learn from and talk about his or her world. Some language impaired children have not acquired all of these abilities, which may be the reason for their lack of language development. The cognitive behaviors described below are prerequisites for learning to talk.

Children must learn to **attend** (pay attention) to objects, people, and events around them before they can begin to talk about these things. They also must learn **imitation** skills. The ability to copy behaviors helps children develop any new skill, including speech and language skills.

In addition, children need to learn about **object permanence:** that things and people continue to exist even when they are not in the immediate presence of the child. They must also understand the **use of objects.** As this understanding develops, children begin to learn about the similarities and differences among objects. Learning that people and things are permanent and different from one another is necessary for learning to talk about people, things, and actions.

A final cognitive ability that appears relevant to language acquisition is **means-ends relationships.** This is the ability to achieve a desired goal by some means (for example, to get a toy from a high shelf by using a chair; to get a locked door open by indicating to an adult to open the door). Once a child is able to talk, he or she can use verbal behavior (rather than non-verbal behavior) to achieve a goal.

Children who are not yet talking may lack some or all of these abilities. The observational checklist on page 24 includes descriptions of behaviors children might develop as they learn these cognitive skills, and examples of how children might demonstrate these behaviors. The behaviors are developmentally ordered within each skill area. Of course, children can demonstrate a particular behavior in other ways as well.

Use this checklist to find out about an individual child's cognitive abilities. A child with a language impairment, especially the child who is not yet talking, may lack some of these cognitive skills. Once you have identified a child's level of cognitive development in a particular area, you can begin to plan activities that will facilitate the child's cognitive growth.

Cognitive Prerequisites for Language Learning

Area To Be Assessed	*Behavior in Which the Skill Is Demonstrated*	*Example*
Attending	Turns head or makes an appropriate response to the noises in the environment.	Runs to window at the sound of a siren.
	Turns head or makes an appropriate response to sound of a familiar person's voice.	Goes to the door upon hearing mama talking outside room.
	Looks at an object placed in front of him or her.	Child's eyes focus on a toy that is placed in front of him or her.
	Turns head or makes an appropriate response to the names of familiar persons.	Moves toward mama when told to find mama.
	Makes eye contact on command with familiar person.	Responds to directions to look at the teacher.

Area To Be Assessed	*Behavior in Which the Skill Is Demonstrated*	*Example*
Imitation of Body Movements	Repeats a gross body movement that the child has initiated after it is imitated by another person.	Child bangs hands on table, adult imitates this, and child repeats the action.
	Imitates gross body movements already familiar to the child and which the child can see him- or herself making.	Claps hands.
	Imitates gross body movements already familiar to the child that the child cannot see him- or herself making.	Imitates funny faces, or sticks out tongue and puts hands on head.
	Imitates a series of body movements already familiar to the child.	Claps hands and then sticks tongue out.
	Imitates unfamiliar body movements that the child can see him- or herself making.	Bends and straightens fingers.
	Imitates unfamiliar body movements that the child cannot see him- or herself making.	Moves tongue from side to side.
	Imitates unfamiliar and new series of behavior.	Puts hands on head and then turns around.
	Imitates an activity already learned, at some future time.	Feeds a doll, or puts a toy animal to sleep.

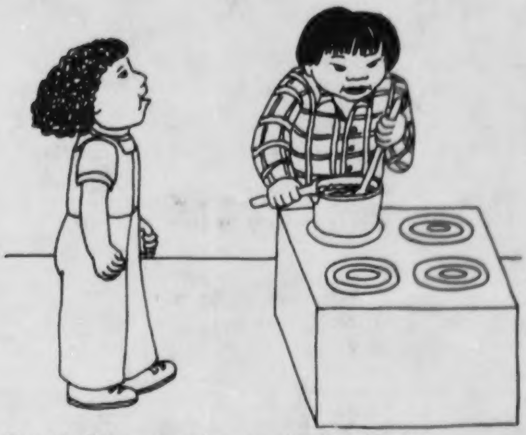
Area To Be Assessed	*Behavior in Which the Skill Is Demonstrated*	*Example*
Imitation of Vocal Behavior (Repeating sounds and words)	Imitates own sounds.	Says "ga-ga" and repeats.
	Imitates sounds already familiar to the child when started by an adult.	Says "ga-ga" after teacher. (Must be a sound that child has said before. This is easier to get the child to do if it is done with some action, like nodding your head while saying the sound.)
	Imitates unfamiliar sounds.	Tries to say new sounds or word.
	Imitates familiar words.	Repeats "ma-ma" or "bye-bye."
	Imitates unfamiliar words.	Repeats new words that the teacher presents.
Object Permanence (Knowing that something still exists when it moves out of view)	Follows the movement of an object with his or her eyes.	Watches a ball roll slowly across the table.
	Looks at the place where a moving object disappeared.	Looks at the teacher's hand when he or she drops a pencil on the floor.
	Looks at the place where an object should reappear after it has been hidden behind something else.	Looks at the left of a book when a toy has been moved behind it from the right.

Area To Be Assessed	Behavior in Which the Skill Is Demonstrated	Example
Object Permanence (continued)	Finds a partly hidden object.	Finds a favorite toy when all but one part has been hidden by a cloth.
	Finds an object that is completely hidden.	Finds a favorite toy when it is covered by a cloth.
	Finds an object when it is hidden over and over again under one of two cloths.	Finds a favorite toy when it is hidden several times under a cloth at the child's right.
	Finds an object when it is hidden alternately under one of two cloths.	Finds a favorite toy when it is hidden at the child's left after being hidden twice at his or her right.
	Finds an object when it has first been put under one cloth and then, so the child can see, put under a second cloth.	Finds a favorite toy when it is moved from under one cloth to under another; the child sees the toy move.
	Finds an object when it has first been put under one cloth and then moved to another. The child does not see the actual movement of the object, but sees the movement of the hand holding the object.	Finds a favorite toy when the toy is held in a hand and the hand put under one cloth and then moved, with the hand still closed, to under a second cloth.

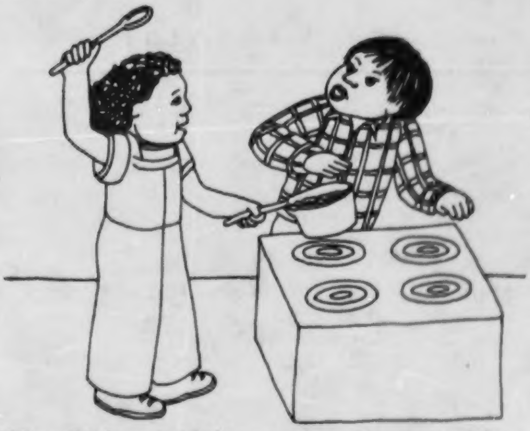
Area To Be Assessed	*Behavior in Which the Skill Is Demonstrated*	*Example*
Use of Objects	Performs the same actions on different objects.	Uses a spoon for stirring, in a cup, bowl, or any type of container.
	Performs different actions on the same objects.	Drinks from a cup, stirs in the cup, and pours from the cup.
	Makes one object act on another.	Uses a doll to push a doll carriage.
	Changes the location of an object from one place to another.	Moves a toy horse from one barn to another.
Means-Ends Relationships (The ability to achieve a desired goal by some means)	Holds onto object when placed in hand.	Child holds a toy when given to him or her.
	Grasps an object when own hand and object are in view.	Child reaches for ball when his or her hand is in view.
	Grasps an object when just the object is in view.	Moves hand to grasp a toy that is in view.
	Lets go of an object that he or she is holding in one or both hands to pick up a third object.	Puts down ball or bat in order to pick up cookie.
	Uses an object to obtain a goal.	Climbs onto a chair to get a toy on a high shelf.
	Uses a person to obtain a goal.	Indicates to an adult that he or she wants a toy on a high shelf.

44 Cognitive Growth

As children acquire the behavior in the checklist, they begin to talk about the things they know. They do this by using words they have heard others use to talk about similar situations. For example, they begin to say words like "more" when their milk is finished, when they need another block, or when they want another kiss. Children's cognitive skills continue to grow as they learn new things and think about them in relation to what they have learned in the past. Even in three- to five-year-olds, concepts are learned through actions rather than words. The chart of normal development at the end of this manual can be used along with the checklist to help you to assess each child's level of cognitive functioning.



David did not understand what Litha was saying.



When Litha couldn't get what she wanted by talking, she tried grabbing. You can guess what followed.

Some children with language problems have little or no trouble establishing and keeping adult-child and child-child relationships. Others cannot do this very easily. To understand better how a child with language problems feels, imagine yourself in a country where you can neither understand nor speak the language. It would not be very long before you would stop listening when others talked to you, and stop trying to communicate with others. You might even begin grabbing things away from other people if they had something you really needed, or you might have a fit of temper if someone insisted that you do something you did not understand. These are the kinds of things that happen to many children who are language impaired. Consider this example:

Litha is four years old and talks in only single words and two-word phrases. One morning in the doll corner, she was playing near David, who was making imaginary stew. Litha walked over to David, then said, "Litha," indicating that she wanted to play. Because David did not understand that she was talking to him, he did not pay attention to her. Litha then started to grab the bowl and spoon. You can guess what followed.

Self-Concept

A child's self-concept begins when the child can separate him- or herself from other people and things in the world. The formation of a concept of self is a developmental process. It happens slowly and gradually. **Some children with language impairments have developed a good concept of self. Others have not.** In general, the more impaired children's language is, the more likely they are not to have developed a positive sense of self.

Children's first realization of "self" is that they are individuals, different from others. Children who are language impaired may then begin to become aware of the differences between themselves and others. As they discover that they lack certain skills that others have, these language impaired children may develop some negative feelings about themselves.

One day while Ms. Brown was helping Shawn in the bathroom, Shawn said, "I need a towel." This was a much more complicated sentence than the teacher had heard Shawn say correctly before. Pleased, she said "Gee, you really are getting good at telling me what you want." Shawn, who was by then drying his hands, replied, "No, no. I not talk good. Daddy say I not talk like a big boy."

Motor Functioning

The development of both fine and gross motor skills may or may not be delayed in children with language disorders. Consider the following description:

Saba's mother reported to the teacher that her son appeared to do things later than his brothers and sisters did. Saba, now 45 months old, began walking at about 20 months. He began running and walking up and down stairs at about 30 months, and began jumping at a little over 36 months. He spoke his first words — "Mama," "all gone," and "more" — at 24 months. He began putting two words together at 36 months.

The teacher observes that Saba is just beginning to ride a tricycle, put his shoes on himself, and unzip his own jacket. His speech consists, for the most part, of two-word expressions, but he is beginning to put three words together.

While Saba is slow in reaching both motor and language milestones, other children with language impairments may not be. Their motor development may be appropriate to their age level, while their language development may be a year or more behind.

Understanding children's motor development involves more than just listing which motor skills they can do well, which they are learning to do, and which they have not yet learned. It is necessary to observe children's development in other skill areas to get a complete picture of motor skills. In the following example, Ms. Rodriguez watched for a pattern in Becky's overall functioning to determine an appropriate teaching method for Becky.

Ms. Rodriguez was playing "Simon Says" with the children in her class. She asked the children to jump. Becky, a language impaired child, jumped happily several times. Then, Ms. Rodriguez told the children to hop. Becky kept on jumping. Ms. Rodriguez said, "No Becky. Simon Says hop." Becky kept on jumping.

Ms. Rodriguez knew that Becky could hop. She kept that observation in mind to think about later. That afternoon when she was in the doll corner with Becky, Becky was setting the table. Becky put down the fork and said, "fork," and then put down the knife and said, "fork." Ms. Rodriguez knew that she had heard Becky say knife before and she had also seen Becky use a knife in the right way. Putting these two observations together with several others, Ms. Rodriguez figured out that Becky was the kind of child who was likely to repeat a certain motor or speech behavior when asked to do one thing right after another. She found it helped to wait before giving Becky new directions.

It is important to be aware that a problem can affect more than one area of development. This means that it is important to look for patterns across *all* skill areas. For some children, the same things that make motor tasks hard may make some language tasks hard also. Finding out what these things are will help you find better ways to teach the child.

Children with Serious Articulation Problems

Individual children with severe articulation problems may perform very differently from one another in all of the functioning areas. Many of these children also have language problems, and function like children with language impairments (see previous section). Others simply have articulation disorders, with no associated language impairment.

Because children with serious articulation problems are often very difficult to understand, it may be hard to determine their spoken language skills. You may need to spend some time learning to understand a child before beginning to figure out more about the child's language skills. Parents can often help you learn to understand their child's speech. Working with them can be the start of a relationship that will greatly benefit the child.

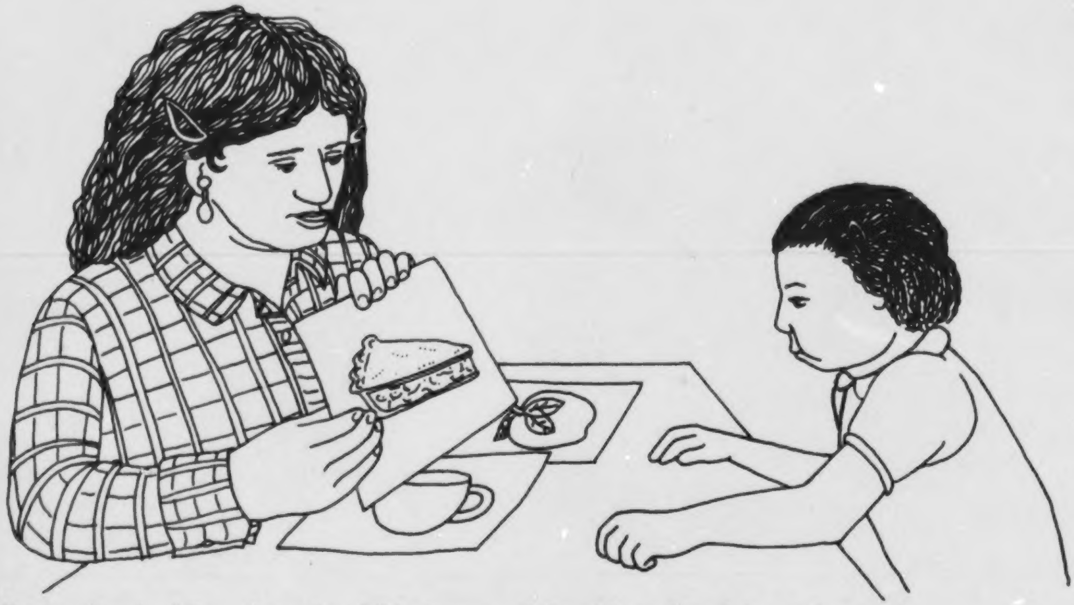
3

Communicative Functioning

The most outstanding feature in the speech of children with serious articulation problems is that they cannot be understood much of the time. Voice quality and rhythm are usually unimpaired in these children. Unless the articulation disorder is associated with a language impairment, comprehension and use of vocabulary and language structures will also be unimpaired. For a complete understanding of the child's communication skills, each of these aspects must be considered.

A child is said to have a severe articulation problem if he or she can't be understood by parents, teachers, or other children. If most people have difficulty understanding a child, you should try to discover which sounds the child is having problems with, taking into consideration that the child's ability to say sounds correctly increases with age. Most children cannot pronounce all of the sounds in their language correctly until the age of seven or eight. Children whose native language is not English or who speak different dialects of English should not be expected to be able to pronounce sounds that are not in their native language or dialect.

The checklist on page 48 lists speech sounds in the order that they normally develop in children. Examples of words containing each sound are also listed. To use this checklist, show the child pictures of the objects listed for each sound, and ask the child to name what is in the pictures. If the child has trouble naming the objects in the pictures, you can just tell him or her to repeat what you say. If the child says the key sound correctly, put a check in the column marked "Correct." Other errors in the word can be ignored. Sometimes it may take several different pictures for one sound before you can be sure that the child is saying the sound correctly. Using this checklist to find out how a child produces specific sounds can help you to learn to understand the child's speech.



To use the checklist, show the child pictures of the objects listed for each sound.

Checklist for Assessing Speech Sound Production*

Sound	*Key Words*	*Average Age of Mastery*	*Correct*	*Incorrect*	*Comments*
m	moon, hammer, gum	3			
n	nut, pony, spoon	3			
ng	finger, wing	3			
p	pie, apple, cup	3			
f	face, coffee, leaf	3			
h	hand, dollhouse	3			
w	wagon, sandwich	3			
y	yellow, barnyard	3½			
k	key, cookie, rake	4			
b	bike, baby, tub	4			
d	dog, radio, red	4			
g	girl, wagon, pig	4			
r	rabbit, carrot, car	4			
s	sun, glasses, dress	4½			
sh	shoe, dishes, fish	4½			
ch	chair, matches, watch	4½			
t	top, kitten, foot	6			
th	thumb, bathtub, teeth	6			
v	vase, oven, stove	6			
l	lion, pillow, doll	6			
th (voiced)	this, father	7			
z	zoo, scissors, nose television	7			
j	jump, engine, cage	7			

*Norms for the checklist have been derived from the average age at which 75 percent of the children said the sound correctly in the beginning, middle, and end of a word. Mildred Templin, **Certain Language Skills in Children, Their Development and Interrelationships,** Institute of Child Welfare, Monograph Series No. 26, (Minneapolis: University of Minnesota Press, 1957).

Cognitive Functioning

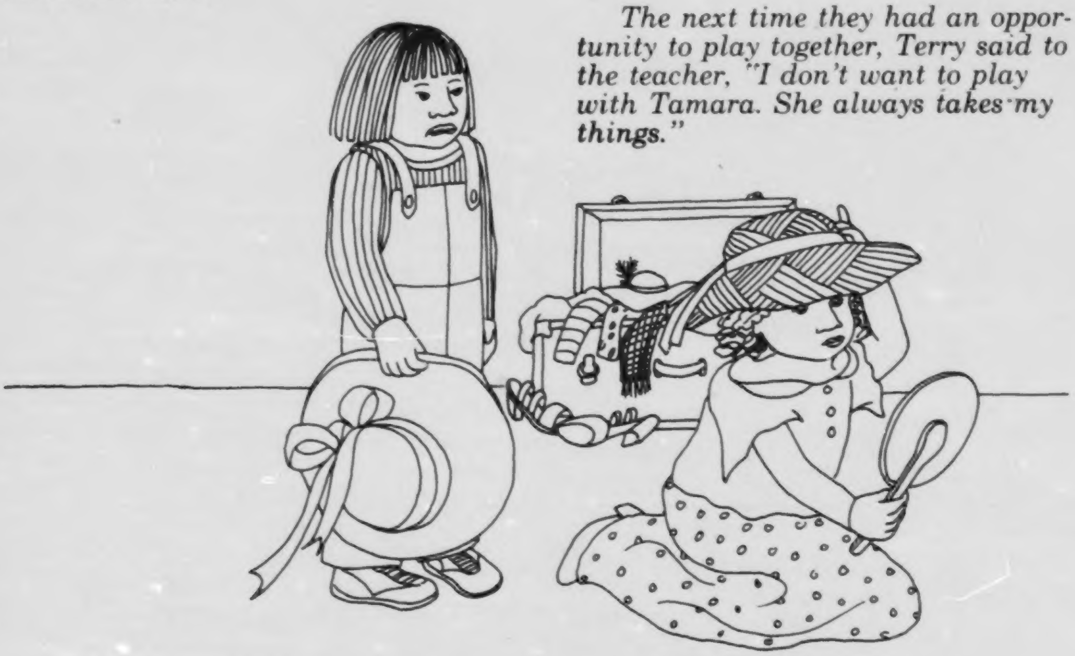
Many children with serious articulation problems have cognitive skills similar to those of other children in the class. Depending upon the cause of the articulation problem or other associated problems, however, other children with serious articulation problems may lack some cognitive skills. For example, a child with an articulation problem that is caused by a motor problem like cerebral palsy may have no difficulty in the cognitive area. Another child whose articulation problem is associated with a language disorder may have difficulty in the area of cognitive functioning. For help in understanding cognitive functioning in children with articulation disorders, refer to the chart of normal development (page 161) and to the section on cognitive functioning in children with language disorders (page 38).

Social Functioning

A child with serious articulation problems usually has difficulty being understood by most people. It is easy to see why it is often difficult for a child with this type of problem to form relationships with other children and with adults. Other children and adults may find it frustrating to be with a child whom they cannot understand. And the child who constantly finds him- or herself being misunderstood may respond in ways that will limit social relationships even further. For example:

While playing in the dress-up corner, Tamara tried to tell Terry that they should exchange hats. But because of Tamara's articulation problem, Terry couldn't understand what Tamara wanted. Terry asked "What?" and "What did you say?" a few times, getting more and more impatient each time. Finally she said, "Never mind, I can't understand you," and turned her back on Tamara. Tamara, in frustration, grabbed the hat from Terry's head.

The next time they had an opportunity to play together, Terry said to the teacher, "I don't want to play with Tamara. She always takes my things."



It is often difficult for children with serious articulation problems to form relationships with other children.

Self-Concept

After a few experiences like Tamara's, children with severe articulation problems very quickly become aware of how others feel about them. If a child with a serious speech problem has the idea that parents, classmates, or the teacher think that he or she "can't talk right," "talks like a baby," or is a problem to deal with, that child may begin to develop negative feelings about him- or herself.

On the other hand, **if the child is and has been readily accepted by most of the important people in his or her life, the child's self-concept will not necessarily be a negative one.** The preschool child's self-concept is still in the process of developing. Therefore, you can be a very important factor in helping a child develop a positive image of him- or herself. The way you treat this child will probably influence the way other children in the class treat him or her, too. Accepting and supporting a child with an articulation problem (or any child) can have only a positive effect.

Motor Functioning

Many children with serious articulation problems have motor skills similar to those of other children their age. There are some, however, who seem awkward, or who are delayed in their gross and/or fine motor development. In fact, some children's articulation problems are caused by difficulty in controlling the muscles for planning and performing the fine and rapid movements necessary for speech. Problems like this may be associated only with the muscles of the tongue, lips, and jaw, or they may affect fine motor development more generally.

Because children with articulation difficulties may or may not have problems with motor functioning, you should observe each child carefully, as in the other functioning areas.

If a child thinks that others feel he or she "can't talk right" or "talks like a baby," that child may begin to develop a poor self-image.

3

Children Who Stutter

Communicative Functioning

Stuttering is generally considered to be a speech problem in which the child uses abnormal rhythm and rate patterns. **Most children who stutter do not have problems in the other areas of speech and language.** Their use and understanding of language and their articulation skills should be similar to those of other children their age. If there is a problem in any area of language, the speech-language pathologist can determine this and can tell you whether it is related to the stuttering problem.

Children who stutter are capable of normal speech. They often speak fairly smoothly in some situations and stutter in others. There may even be some situations in which they don't stutter at all. Differences in fluency (how effortless and unhesitating the speech is) may depend upon the listener or listeners, the emotional content of what is being discussed, and/or the presence or absence of interruptions or competition. It is frequently helpful to arrange to have a child who is disfluent use his or her fluent speech as much as possible.

To help you learn about a child's variations in fluency, a checklist of classroom speaking situations is provided. (The list is not complete; add any other situations that you observe.) Observe a child in each of the situations listed, and rate each one according to how difficult it is for the child to speak smoothly. Also, observe and list the child's mannerisms, (such as stamping the feet or blinking the eyes), statements the child may make about his or her speech, and any reactions of listeners.

Once you become aware of how different speaking situations affect the child's fluency, you may be able to reduce the amount of stress for the child in some situations, and make the most of the situations in which the child is fluent. This does *not* mean that you should avoid letting the child speak in situations that may be more difficult for him or her. But it is important to give a child who is disfluent as many chances as possible to speak with greater fluency.

Remember, not all disfluent children are stutterers. Refer to the definition on page 16 for information on normal disfluency in preschool children.

Self-Concept

In addition to finding out how different situations affect a child's speech, you should try to learn how the child feels about him- or herself as a speaker. **The child who stutters or who seems to be having more disfluency than other children in the class may have some special feelings about him- or herself as a speaker.** The child may feel embarrassed, shy, or ashamed. Or the child may feel that there is something wrong that makes him or her unable to "talk like the others." These problems may result from the child's awareness of his or her speech patterns, or from teasing and criticism by others, both children and adults.

Classroom Speaking Situations

Situation	*Observational Notes on Variations in Fluency*
Talking to teachers	
Talking to other children in groups	
Talking to strangers	
Talking to one other child	
Talking in a small group	
Talking to the whole class	
Talking to parents	
Talking about feelings	
Reciting well-learned material (like a nursery rhyme)	
Asking questions	
Answering questions	
Telling stories	
Saying particular words	
Talking to animals	
Talking while playing alone with toys	
Talking with others in play situations	

Social Functioning

A negative self-concept can have much to do with a stutterer's ability to establish relationships with adults or with other children. Relationships with other children are very important to children of preschool age, and particularly to children who are having stuttering problems. Therefore, you need to carefully observe the child's relationships with others. Because these children are so young and the stuttering behavior may have started only a short time ago, these problems may not yet be major ones. But by becoming aware of possible problems these children may have in talking to others and fostering good social relationships, you can often *prevent* children from developing negative feelings about themselves and their ability to talk. (For suggestions on how to help children who stutter, refer to Chapter 4.)

Motor and Cognitive Functioning

Children who are disfluent are like other children in the classroom in terms of their motor skills and cognitive abilities. Usually the teacher will not find problems in these areas.

Children with Chronic Voice Problems

Preschool children rarely have voice problems. If, however, you suspect that a child may have a voice problem, the following evaluations should be conducted:

- **complete medical evaluation**
- **ear, nose, and throat evaluation by an otolaryngologist**
- **evaluation by a speech-language pathologist.**

Communicative Functioning

Aside from the fact that their voices are unusual, **these children usually have no difficulty in other aspects of communication.** Except for their voice characteristics, their speech and language skills are similar to those of the other children in the class.

Self-Concept

Children with chronic voice disorders may have some problems in the area of self-concept. This may occur as a result of the way people respond to their unusual voice characteristics. If a child begins to feel that he or she is very "different," or that there is something the matter with him or her, the child's self-concept may suffer.

Motor and Cognitive Functioning

Children with voice disorders are like other children in the classroom in the area of motor functioning or cognitive abilities.

Social Functioning

Chronic voice disorders can affect the way in which a child approaches social relationships. For example:

Casey knew that people thought her voice sounded funny. She had overheard other children and adults commenting on "the way she talked." Because this made her feel embarrassed, she tried not to talk very much so no one would notice or talk about her voice. As a result, it was not easy for her to make new friends or to relate to adults.

Chapter 4:

Mainstreaming Children with Language and Speech Impairments

4

Most children who are language or speech impaired can learn and make progress in a mainstream classroom.

This chapter provides suggestions on how to mainstream children with communication disorders in your program. Included are techniques for planning, ideas for classroom arrangements, general teaching guidelines that are useful for all children, specific techniques for use with children who have particular communication disorders, and ways to modify preschool activities to help children with particular communication disorders.

Mainstreaming Seriously Impaired Children

Project Head Start stresses that all handicapped children, regardless of the severity of their handicap, should be considered for enrollment in Head Start if the particular program can meet their needs adequately. On the other hand, not all handicapped children are best served in Head Start programs. Both the resources within your program, including available staff, and the resources in your community determine what you are able to offer children. This means that you, the total Head Start staff, and a speech-language pathologist or other appropriate professional should decide together with the parents of a seriously impaired child whether that child can best be helped in your program. If another setting would be better suited for meeting the child's needs, Head Start may be able to assist in the alternative placement.

Most children with language or speech impairments can benefit from being included in a mainstream classroom. They will learn and make progress. A small number of children who are severely language disordered or who have multiple handicaps may need to be placed in a preschool program for language impaired or multihandicapped children.

Children with language or speech impairments often need to be seen regularly for therapy by a speech-language pathologist. In addition, some children may have other, associated handicaps that require visits to an occupational therapist, physical therapist, or psychologist. These specialists can help you and the parents develop the best program for a seriously impaired or multihandicapped child. Of course, such children should also be checked by a pediatrician on a regular basis.

Mainstreaming Less Seriously Impaired Children

Generally, a child with a mild or moderate language or speech impairment does not put a heavy strain on a classroom. Interact with the child as you would with any other child. Be ready to provide special support, but only when the child needs it. As you observe the child, you will learn when to offer assistance and when not to. Sometimes the child's need for help will be relatively minor, such as making sure that the child has an opportunity to use and practice newly acquired speech or language skills within the daily program. Sometimes the child will need to spend a small amount of time with you on a one-to-one basis, to gain a new skill. If the child is being seen for speech or language therapy, the speech-language pathologist can help you plan what you can do to help.

For any child with special needs in your class, there are some important steps to take.

- **Get to know the child. Learn what the child likes to do and can do well.**
- **Learn all you can about the child's problem. Read enough about the problem so that you begin to feel comfortable, prepared, and confident. Talk to teachers, parents, and friends who have worked or lived with children who have similar communication disorders.**
- **Get to know the child's parents, and work together with them. They can give you valuable suggestions. In turn, you can provide them with ideas that you have found useful for working with the child.**
- **Avoid being overprotective, but be alert to the child's needs for support. For example, don't anticipate the child's needs. Give the child a chance to communicate these needs by him- or herself. If you do things for children that they can do on their own, the success is yours, not theirs. If you ask them to do things they aren't yet capable of, they will fail. The best encouragement for learning is success. You can create the circumstances that make this possible.**

Planning

The planning process for the child with a communication disorder has the same purpose as for other children: to help you map out a course of action for working with the child. This process calls for the involvement of several people: the teacher, the parent or parents, Head Start staff representing the various service components, and service providers from outside agencies.

The goal of the planning process is to produce an **Individualized Education Program** (I.E.P.) for the child, which is now required by Public Law 94-142, Education for All Handicapped Children Act, and required by Head Start Performance Standards. Based on an evaluation of the child, the Individualized Education Program states the child's present level of educational performance, the annual goals and short-term instructional objectives for the child, and evaluation procedures for determining whether instructional objectives are being achieved.

Based on an evaluation of the child, the Individualized Education Program states the child's present level of educational performance, the annual goals and short-term instructional objectives for the child, and evaluation procedures for determining whether instructional objectives are being achieved.

For each handicapped child Project Head Start requires the following elements in the planning process:

1. An interdisciplinary team is required to make two kinds of diagnoses: a **categorical diagnosis** and a **functional diagnosis.** A categorical diagnosis is simply a statement of the kind and severity of the child's handicap. This kind of diagnosis is useful to you only for reporting or record-keeping purposes. A functional diagnosis or assessment is a developmental profile that describes how the child is functioning. This kind of diagnosis is useful to you for classroom planning and teaching.

2. Based on the functional assessment, an **individualized education plan** is to be developed for the child. This plan describes the child's participation in the full range of Head Start services, and the additional outside services that will be provided to respond to the child's special needs.

3. Periodically, **ongoing assessments** of the child's progress are to be made by the Head Start teacher, by the child's parents, and (if needed) by the full diagnostic team. If these re-evaluations show that the child's individualized education plan or the services he or she is getting are no longer appropriate or needed, they should be changed or adjusted.

4. When the child leaves the program, Head Start should make arrangements for the **continuity of needed services** in elementary school. This can be done in a variety of ways, but usually involves holding a conference with parents, the school, and service providers. The elementary school should be given a description of the services the child has been receiving, recommendations for future services, and the child's records from Head Start.

As the child's teacher, you are involved in many of these procedures. Your part in the process is described in more detail in the six steps on page 59. These steps are just as useful with non-handicapped children and other handicapped children as they are with language or speech impaired children.

Step 1: Observe each child in a variety of activities, identify strengths and weaknesses, and record your observations.

Step 2: Set objectives based on what you have observed. Be certain your objectives are realistic.

Step 3: Select classroom activities and teaching techniques that can best help each child reach the objectives. Seek outside assistance as needed.

Step 4: Develop the plans with the child's parents and specialists.

Step 5: On a continuing basis, observe, evaluate the child's progress, and develop new objectives.

Step 6: When the child is ready to leave Head Start, make plans to ensure that there is continuity of needed services with the public school.

Each of these steps in the planning process for handicapped children is discussed in greater detail below. For help in individualizing your activity planning for speech or language impaired children, see the section titled, "Specific Teaching Techniques," page 84.

You notice that Marcus does not talk to you or other children in the room. A situation like this requires careful observation.

Step 1:

Observe

The purpose of observing is the same for all children. The purpose is to identify the child's **developmental level** — the level at which the child is actually functioning. This can tell you much about the child as an individual. As you observe the child in a variety of activities, you should take careful notes. These observations can then be used to construct your educational plan for the child. The following example describes a situation that calls for careful observation.

Marcus

At the beginning of the year, you meet four-year-old Marcus. The first thing you notice is that he is very quiet. He does not talk to the other children in the room. When you talk to him, he usually does not answer. When he ***does*** *respond he uses only one or two words. You realize that Marcus is a child you should observe closely, so you can find out the level at which he is functioning.*

You start to keep notes. You write down as many speech and language behaviors in Marcus as you can in different circumstances. You note especially all the points included in the Observational Checklist in Chapter 2. After a month, you suspect that Marcus might have a language impairment. Your careful observations and the notes you keep are the best beginning there is for figuring out the level at which Marcus understands and uses language. At this point, you may also decide to seek professional help.

How To Observe

Observation is a technique of focused looking and listening to what people say and do. While it is possible to observe behavior, it is not possible to observe a child's personality or intelligence. For example, seeing that a child works on a puzzle for two or three minutes, then stops without finishing it, is an observation. Seeing that a child joins a group of children who are building a block structure, but quits before the structure is completed, is also an observation. If you observe the behavior frequently in different situations, you know that the child tends to start tasks but does not finish them. This kind of factual information is more helpful than judgments such as "lazy," "unmotivated," or "immature."

A valuable tool for observing a child with a possible speech or language disorder is a tape recorder. It can be difficult to listen to what a child is saying while thinking about *how* he or she is talking. Try recording a conversation between a child and an adult, or between two children. Listen to the tape later, when you have time, and note whatever characteristic of the child's speech you are listening for (articulation, use of sentences, how the child responds to questions, rhythm). You may want to play the tape back several times. This method can make assessing the child's speech or language skills much easier for you.

Keep the recording and make additional tapes at regular intervals. Comparing new tapes with old will help you to observe change and update your short-term objectives for the child.

Observing and thinking about a child's behavior will help you identify a child's special needs. Using observation as a tool for learning about children involves being systematic, watching for patterns, and using the information.

Be Systematic

The first task is to decide what you want to observe. Thinking about Marcus again, for example, you remember that he doesn't seem to understand or answer questions when you talk to him. Since you know that he has many opportunities to communicate with others during the preschool day, you want to observe him listening and talking in a variety of situations, including activities on the playground, in the block corner, in the dress-up corner, and at snack time.

The next step is to write down what you observe. Your observation notes should include several kinds of information:

- What the activity is (for example, snack), and the child's role in the activity.
- The details of what the child is doing and, if possible, an exact description of what the child says. (For example: "Marcus said 'More' when he wanted more juice. But when the aide asked 'Do you want apple or grape juice?' he just said 'More' again.")
- How the child is reacting. (For example: "Marcus seemed tired on Monday. He yawned a lot and was very quiet . . . . On Tuesday he was able to throw the ball to me for the first time, and smiled for the rest of the day . . . . Marcus sat next to Sumoy on Wednesday. He seemed frustrated when she didn't understand something he was trying to say, and walked away from her.")

When you write down your observations, you may find it helpful to use action verbs such as **asks, tells, repeats, watches, volunteers, hangs up, ties, buttons, sits, stands,** and **zips.** These action words can be combined with time phrases to indicate **when, how often,** and **how long** the action took place. Time phrases like the following can serve as markers by which you measure improvement.

- most of the time
- for a few minutes
- sometimes
- for ________ minutes
- for ________ percent of the ________ (activity) period
- rarely
- never

If you continue to observe a child's ability to understand and express him- or herself regularly enough, long enough, and in enough different situations, you should get a good sense of how the child is functioning in this skill area.

Following are some general tips to help you be systematic as you observe.

1. Note details

It is very important to write down specific, detailed observations that focus *exactly* on what the child does. For example, if you write down, "Jimmy didn't name the picture," this could mean that he wasn't looking at the picture, didn't know the name of it, couldn't pronounce the name, or a number of other possibilities. However, consider this version: Jimmy pressed his lips together and said "buh-buh-buh-buh-buh-buh-buh," trying to say "baby." Then he took a deep breath and said "I don't know." These notes would help you to become aware that Jimmy's inability to name the picture is probably not the result of a language impairment but a stuttering problem. In addition, this type of information might help you to recognize the fact that Jimmy may be avoiding many words in an attempt not to stutter. An observation like this would be immensely helpful both to you and to a trained diagnostician. For information to be useful to you and others, it must be specific.

2. Write down the details as soon as possible

Write down what you see as soon as possible, since it's easy to forget quickly the details of a child's behavior in a particular circumstance. Details are important: they describe a child's individuality. They are also the best indicators of a child's problem.

When you make notes, try not to be obvious about it. Write them down away from the child.

3. Plan a realistic schedule

Your observations should be scheduled, just as your activities are. Observe and make notes as often as necessary to get a full picture of what the child can do.

4. Vary the settings in which you observe

Children behave differently in different situations. They are also affected by mood changes. It is important to observe a child frequently in a variety of situations. Observe the child on the playground and in the classroom. Observe the child as he or she plays alone, with other children, and with you. Observe the child when he or she is feeling happy, sad, tired, rested, friendly, and angry, because these feelings affect the child's behavior.

When children are in a free-play activity, for example, you may observe the number and kinds of ways the child with a language or speech impairment expresses him- or herself. Observe whether a child has understood or received communication from others. Look at how often a child tries and succeeds in communicating when the opportunity arises. If the child uses these opportunities, you and your aide can plan situations to give the child even more chances to talk. The child can be given a specific job (such as passing out snacks) in order to get him or her to use the language of that activity.

If, on the other hand, you find that the child does not use opportunities to communicate with other children, then you'll need to find out whether the child will use an opportunity to communicate with you. You may try this when the pacing of activities allows for a "quiet time" or a time when one-to-one contact with the child can take place. If the child picks a book at a time like this, read it to him or her. Or if the child brings something new to class or asks a specific question, talk with the child about the object of interest. Encourage the child to talk about it as well. Observe how the child communicates with you and compare this with your observations of how the child communicates with others.

5. Vary your observer role

You might also try to vary your role as an observer. You can act as a spectator-observer, watching but not participating. For example, you can observe from the side of the room while another adult manages the classroom activities. Or you can be a participant-observer, taking part in the activity with the child. It is usually easier to observe as a spectator, so you might try this method first. Again, be careful not to call attention to yourself as you observe, otherwise the child might not act naturally.

A teacher may act as a spectator-observer or as a participant-observer.

6. Start by observing one child at a time

As you become more experienced in observing, you will probably find that you can observe more than one child at a time. It's best not to try to do this until you are pretty sure you won't get confused, and miss or forget some important information.

Watch for Patterns

Watching for **patterns** is an important part of observation. You may notice that a child sometimes forgets words, doesn't seem to understand directions, or is disfluent. All preschool children do these things from time to time. What you want to know is whether the child often or always does these things. Carry a piece of paper and a pencil around with you and keep track for a few days. Be sure that you're objective (factual) about your observations — try to keep your feelings and reactions separate. In this way, you will be able to see patterns.

Reviewing the notes and tapes you have made can help you discover patterns you didn't see before. You should review your notes and tapes on a regular basis. The information in them can help you identify new skill areas and behavior you might want to find out more about, either by observing or by other assessment methods.

Use the Information

Once you have observed a child systematically, written down your observations, and reviewed your notes and tapes, you should be able to begin to construct a developmental profile of the child. This information can be used to develop objectives for the child, and to select activities and teaching techniques that meet the child's needs. This information also becomes a basis of discussion with other teachers, the parents, and the specialists.

Step 2:

Set Objectives

An important part of the planning process is developing individual objectives that will lead to the maximum growth of each child. The objectives need to be appropriate for the child and realistic in terms of the purpose of Head Start and the program's staff and time resources. Most important, the objectives should be developmental objectives. In other words, you cannot expect to make a speech or language impaired four-year-old begin to talk exactly like non-handicapped four-year-olds all by yourself within the classroom, but you can help the child progress to his or her next developmental level.

For example, when you review the observations you made about Marcus, it becomes clear that he *does* have a problem with both understanding and speaking. In particular, you notice that he usually uses only single words, never uses phrases with more than two words, and cannot follow two-part directions. One of your objectives, then, should be to help Marcus to use more two-word expressions. To achieve this, select activities that will give him a chance to express himself. These activities might include snack, fantasy play, and responding at story time. You could set up situations that require two-word responses, model these, and expand on his single-word expressions. You can also decide to work alone with Marcus more, both because he needs your help with the skill and because he works better in a quiet place away from the other children.

In general, children with moderate to severe language or speech impairments should be seen for regular therapy by a speech-language pathologist. It will be very helpful to consult with this professional in order to set appropriate classroom objectives for a child with a moderate or severe language or speech impairment.

If for some reason you are unable to get the help of a speech-language pathologist in setting speech and language goals for a child, you need to do the following. Select a developmentally appropriate behavior that the child has not yet mastered. Think of this behavior as your goal for the child. For example, if a child is at the single-word level and in conversational speech uses words (such as "more") for the existence, nonexistence, and recurrence of objects, an appropriate goal for the child would be to help him or her combine these elements into two-word phrases (such as "more cookie"). Once you begin to see some success on the child's part, help him or her use in conversation all of the basic relations usually expressed in two-word phrases. (See table on page 34.)

Following is another example of how to set goals for a language impaired child:

Freddy, who is almost five years old, is at about the three-year-old level in language acquisition. Using your observation and the chart on normal language development (page 161), you can see that he has mastered some of the language behaviors listed at this level, but not all of them. You can then go ahead and teach the remaining behaviors, one at a time, until he has acquired all of the language skills appropriate to this developmental level.

Similarly, if there is a child in your class who stutters, use the checklist on page 52 to begin to decide in which situations you might want to help the child speak more fluently. Plan goals for the child accordingly.

Here are some guidelines for setting objectives.

1. Be specific

When you have gotten together your observations and developmental checklist findings, you will find some areas of strength and some weaknesses. This information is not particularly useful until it is translated into what the child **needs.** State the objectives in terms of skill and behaviors that need to be learned and that you can observe. Set a target date for the achievement of each objective. For example, if Naomi has difficulty naming objects, your objective for her might be to learn the names for different articles of clothing. To make this objective more specific and easier to observe, state it as follows: "In two months, Naomi will be able to name the clothing she is wearing on any given day."

2. Develop both long- and short-term objectives

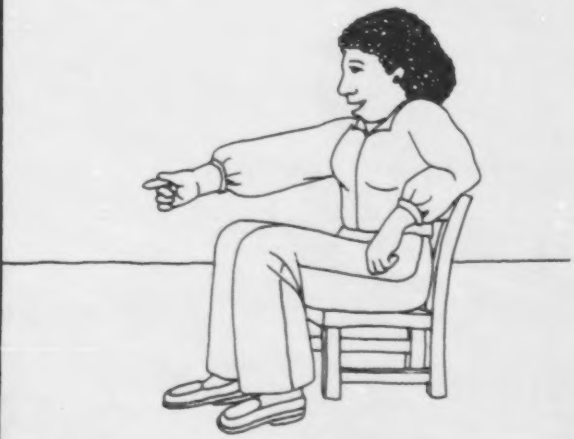
If Berto has difficulty with articulation, and the speech-language pathologist has told you she is working with Berto on certain sounds, the long-term objectives you could develop together for Berto might be: "Berto will be able to say words with the **k** and **g** sounds correctly." Short-

term objectives that will help Berto meet the long-term one are: "In one month, Berto will be able to repeat correctly single words that begin with **k** and **g**. In two months, Berto will be able to say single words that contain the sounds without having me say them first. In six months, Berto will use these sounds correctly in conversation."

When setting objectives for a child in the areas of speech and language, you may find it helpful to consult with a speech-language pathologist. He or she can help you develop objectives that are realistic and developmentally appropriate for the child. Especially when a child is involved in regular speech or language therapy, he or she will best be helped if the objectives of the preschool and therapy programs are coordinated.

3. Develop new objectives as needed

Objectives will have to be changed if your observations show that there is need for change. For example, if Berto surprises you and learns to use the **k** and **g** sounds correctly in conversation in only four months instead of six, or if it takes him more than six months to learn to use them, you will want to develop new objectives to fit Berto's abilities and needs.



Your objective for Naomi: "In two months she will be able to name the clothing she is wearing on any given day."

Step 3:

Select the Program, Activities, and Techniques

If your Head Start program has several program options, you need to consider which one can best meet the objectives you have set for each child. For some speech or language impaired children, a full-day center-based program is best. For others, a half-day program combined with a program of intensive individual therapy might be best. The particular combination of Head Start and other services that is best and the amount of time spent in each varies from child to child. It is a good idea, however, to start off by *expecting* the child to participate in *all* standard Head Start *activities* along with the other children. The child's program can then be revised, if and when it becomes necessary.

To make it possible for children with communication disorders to participate in all your usual classroom activities, think about ways to adapt the activities, and prepare them differently. You can use a variety of teaching techniques to make sure the child gets what he or she needs. For examples, look at the sections in this chapter titled "Techniques" and "Activities."

Step 4:

Develop Plans with Parents and Specialists

Parents

Sometimes it is hard for parents to recognize changes in their child from day to day. In the classroom you have the opportunity to see the child for long stretches of time, to observe the child performing a wide variety of activities, and to compare each child with many other children. For these reasons, you can observe a child's daily progress and set realistic objectives based on your observations. On the other hand, parents know a great deal about their child that one cannot learn simply by being the child's teacher.

Moreover, for education to be effective, parent and teacher goals for the child need to be consistent so that both are working, in their different roles, toward the same end. Develop your plans with parents. Share with parents the progress their child is making in your classroom and ask them to share with you their child's accomplishments at home. As you work together with parents, you might invite them to observe the program and assist in class activities.

Specialists

Typically, specialists see a child for short periods of time doing a limited number of tasks, and interacting only with themselves and perhaps the parents. Sharing your observations with specialists can provide them with valuable information on the child's behaviors. In turn, the specialists can help you understand what limits the language or speech impairment imposes on the child's activities, and how best to teach the child.

Step 5:

Continue to Observe, Reassess, and Make Adjustments

While a formal assessment of each child's development and progress may occur only once a year, you should make informal evaluations frequently. (Remember how quickly children change at this age, especially in a stimulating classroom.) Keep a record of the activities and techniques you use with the child in each skill area. It could be both a daily and a long-range record, designed to help you evaluate the effectiveness of your teaching methods. Keep your records simple: a one-page record per child, attached to your original observations of the child's behavior, will do. Keep in mind the objectives toward which the child is moving, and how much progress is being made. If you have time and equipment, you may want to tape record yourself working with the children. Listening to it later may give you some new ideas about how effectively you are teaching.

Refer often to your past observations and your records, and look for patterns of behaviors. If, for example, there is a pattern of poor articulation, consider whether you have seen some improvement in this area. Try to figure out which activities the child has enjoyed most and which ones seem to have resulted in the most improvement. Try to include more of these kinds of activities in the future.

Adjustments in teaching practices will happen naturally as you go through this learning process with the child. But it is important to be alert to major changes in the child's development, so that you can make substantial changes in activities and teaching techniques as needed.

Step 6:

Continuity Between Head Start and the Public Schools

As a result of the Education for All Handicapped Children Act, public schools will be providing the benefits of mainstream classrooms and special services to handicapped children. After being in a mainstream Head Start classroom and receiving special services, children with communication disorders will need to have these advantages continue. There are several things a handicap or social service coordinator and you can do to contribute to the continuity of the education that a language or speech-impaired child in your program has been receiving.

- **Some Head Start programs have developed formal relationships with the public schools in their areas, to assist in the transition between preschool and elementary school. If your program has no formal relationship with the public schools, you might explore the possibility of establishing one. Your program director or handicap coordinator will know where to go for suggestions on how to achieve this.**
- **Before a child leaves Head Start, you can discuss the child's future plans with the specialists who have been working with him or her. Developmental continuity is made easier if community providers of special services to Head Start children continue to provide them to children as needed when they go on to public school.**
- **Parent participation in the services their child has been getting in Head Start is a valuable foundation to build on. Encourage parents to continue their involvement and to make sure that their child receives needed services in elementary school.**
- **Finally, you can keep in touch with the child and his or her family after the child leaves your classroom. A telephone call or a visit to find out how things are going will be appreciated by the parents. If the child is having problems, your suggestions on how to deal with them will be welcomed.**

The Physical Setting and Classroom Facilities

No two Head Start programs have the same classroom facilities, and few of these facilities are ideal. But wonderful learning environments and excellent programs do exist without specially designed, modern buildings, fancy furniture, or expensive materials. It is the children and the staff that really make a preschool program an exciting place to be and to learn.

In general, children with language or speech impairments do not require specially set-up classrooms or extra materials unless they have other, associated handicaps. The suggestions that follow may be useful with all children, including those with speech or language impairments.

Clear Traffic Patterns

Make sure that there is enough space between furniture groupings to avoid "collisions." The traffic patterns between activity areas should be easy to recognize. Making a map of your floor plan before the beginning of the year may help you to recognize and correct traffic problems before they happen. Don't overlap traffic routes and activity areas — this will disrupt the children who are involved in the activities.

Start Simple

Keep your room arrangement as simple and uncluttered as possible, especially at the beginning of the year. As the children get used to it and learn to handle a more complex environment, you can gradually increase the amount of materials and number of activity areas. The use of well-defined and consistent space pat-

Activities that promote communication are often noisy.

terns will avoid confusion and help the children become familiar with the classroom organization. The space in which each activity occurs should be clearly marked.

When you change the way the space is used at times during the year, talk about the new areas and materials in them. This also gives the children new things that they can talk about.

Noise Level

When children are busy working and having fun they get to talking. This means that the classroom, and especially certain areas of the classroom, will get noisy as the children play and communicate. This is good and is as it should be. Activities that promote communication are often noisy. These activities may take place in the doll corner, the block area, the water play area, and the dramatic corner. Laying down pieces of carpet or pillows will absorb some of the noise in these areas. Arrange the room so that the noisier areas are not near areas that need to be quiet, like the picture corner or the puzzle area.

Make sure that there are quiet places in the room. Many language impaired children have a hard time understanding what the teacher is saying when it is very noisy. Listening may be easier where it is relatively quiet. In working with a child who has this difficulty, use the classroom arrangement to help the child. Begin by giving him or her activities in listening and understanding speech in a quiet area. Then, when the child has been successful, work on these activities in different areas, where the amount of noise gradually increases. Low level noise should not be too troublesome for the child. Later, you can make the listening tasks more complex and increase the noise level.

Individual Space Cues

Some language or speech impaired children may not have had much opportunity to play with other children. Because they aren't used to sharing a room with a lot of other children, they may tend to use more than their share of the space. You can use physical signals to limit their movement. For example, a file cabinet or a bookcase can be strategically placed to define the space you want a child to occupy. More subtle cues, such as a friendly touch or placing a disruptive child directly in front of you, will also help to limit children's movement.

Personal Places

There should be a quiet place available where a child can go on his or her own. Some classrooms have cubbies where children keep their personal belongings. These are sometimes large enough to be used as nice "escape hatches." You can even rig up a curtain that can be drawn across the cubby, if the child would like this. Try to arrange your book area so that it is soft and comfortable, and has private nooks and crannies.

Use What You Have

Regular preschool materials are all that most children with speech or language impairments need. For instance, any puppets or dolls you have may be used for helping the child practice particular speech or language skills. Children are often much more willing to pretend that a puppet or doll is saying words over and over again than to repeat words when a teacher tells them to.

For example, if a child has been working on saying the sound **f**, you might use a doll and a fork to have a conversation like the following:

Teacher: *Does the doll want the fork, Beverly?*

Child: *Yes.*

Teacher: *Can she tell me that?*

Child: *I want the ork.*

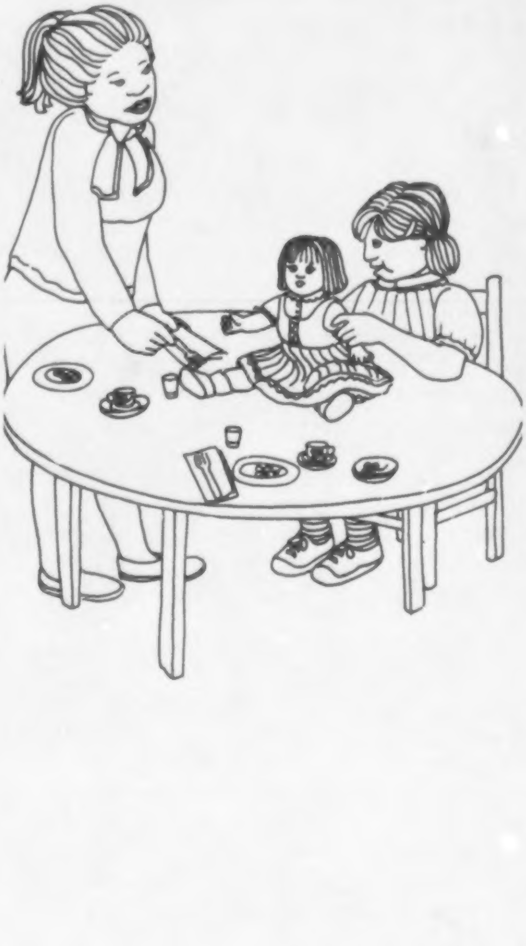
Teacher: *Oh, you want the* ***f****ork!*

Child: *Yes, I want the fork.*

Watch a child to determine if the materials you are using are too complicated. If they are, the way the child reacts will let you know how to simplify them. For example, if you are finding your own pictures for naming, keep them bright, colorful, and simple — showing only one object or action. When the pictures are too complicated, the child may not know exactly what detail you are looking at, or may focus in on some other detail in the picture. Some children will not respond even to simple pictures. In this case, try using objects for naming.

It may be helpful to add pictures to a storybook. Often the pictures in a storybook do not cover all of the events of the story. Seeing a picture of each story event can help a language impaired child understand and talk about what is happening. You can do this most simply by adding stick drawings. For example, if a book only has a picture of Papa Bear saying, "Who sat in my chair?" you may want to draw Momma and Baby Bear saying the same things.

In general, you will find that activities need more modification than materials do. Activity modification is discussed in the "Techniques" and "Activities" sections of this chapter.



4

General Teaching Guidelines

There are many good ways to teach. Because you are an individual with your own personality, temperament, and values, you have developed a teaching style that is right for you. Your style is reflected in the activities you choose, and in the ways you relate to the children. Good teaching techniques are often the same for the education of any child, whether handicapped or non-handicapped. Trying to change your natural teaching style for a speech or language impaired child is not necessary. It will only make both you and the child uncomfortable.

With language and speech impaired children, you will want to apply your teaching skills consciously, thinking about and using the skills that best meet the special needs of the child. You do this for every child. But because children with communication disorders have problems that may seriously interfere with their ability to understand and/or talk — as well as to learn in other areas — they require extra consideration. Below are some basic principles that you may already know and use with the children in your classroom. They are useful in working with children who have handicaps, including communication disorders.

1.

Starting Out

Some adults are nervous and worried about working with a handicapped child for the first time. This is a typical reaction when they don't know the child very well yet (if at all). As a result they sometimes start out thinking of the child, for example, as a "*speech impaired* child." As they spend time with the child, watch the child, play with the child, and hug the child, they usually find that they have begun to think of the child as a "*child* with a speech impairment," and soon they think of him or her as a "*child,*" plain and simple.

When you begin to work with the child, your first efforts may not all be successful. This is to be expected. You may feel frustrated and guilty. If something goes wrong (as things do from time to time), figure out what happened, and remember it for the next time.

Don't expect large or rapid changes. No one is asking you to cure the child, or to make the child into the best story teller in the class. Sometimes, even with the very best help from you, the staff, and specialists, a child just doesn't make as much progress as hoped.

2.

Classroom Personnel

Aides and volunteers play a key role in all Head Start programs, and their assistance should be included in classroom planning for children with special needs.

Aides

Your aide or assistant can help you to carry out activities. Aides can also work with children individually. This help is especially valuable if you have a language or speech impaired child in your class who needs special attention and assistance. Aides should be included in developing educational objectives for the child and in ongoing planning. Both you and the aide should agree on what the aide should do, and *why*, to help the child learn and play with other children.

It is not a good idea to have a child with special needs work constantly with only one adult. This isolates the child from other children, defeating the purpose of mainstreaming. Some children, however, will need the security of an attachment to only one adult in the classroom before they are able to work with several adults. Assigning an aide to work with that child for a while may be helpful. On the other hand, problems can also be created when a child has too many caregivers who come and go. This may make it hard for the child to form emotional attachments. Children learn better with the reassuring presence of a few people they know and care about.

Care for the child should therefore be shared among several adults. Individual attention should be limited to what the child needs so that he or she is not separated from the group too often.

Volunteers

Volunteers can be helpful in working with handicapped children even through their work hours are probably shorter and less predictable than those of aides. They, too, need explanations and directions from you about what they are expected to do.

Head Start has always had the benefit of parents working as volunteers. This should be encouraged. High school and college students are also ideal volunteers. Young people who are learning about children in school are often interested in working with them. Another source of volunteers is senior citizen clubs or apartment complexes for the elderly. Many elderly people, especially those with grandchildren who don't live nearby, would be pleased to help with young children. They certainly are experienced! Other excellent sources of volunteers are organizations and agencies in your community that work with handicapped children (such as Easter Seal, United Cerebral Palsy Associations, children's hospitals and rehabilitation centers.)

See to it that everyone who works with a speech or language impaired child in your class gets along well with him or her. We all work better when we enjoy what we are doing.

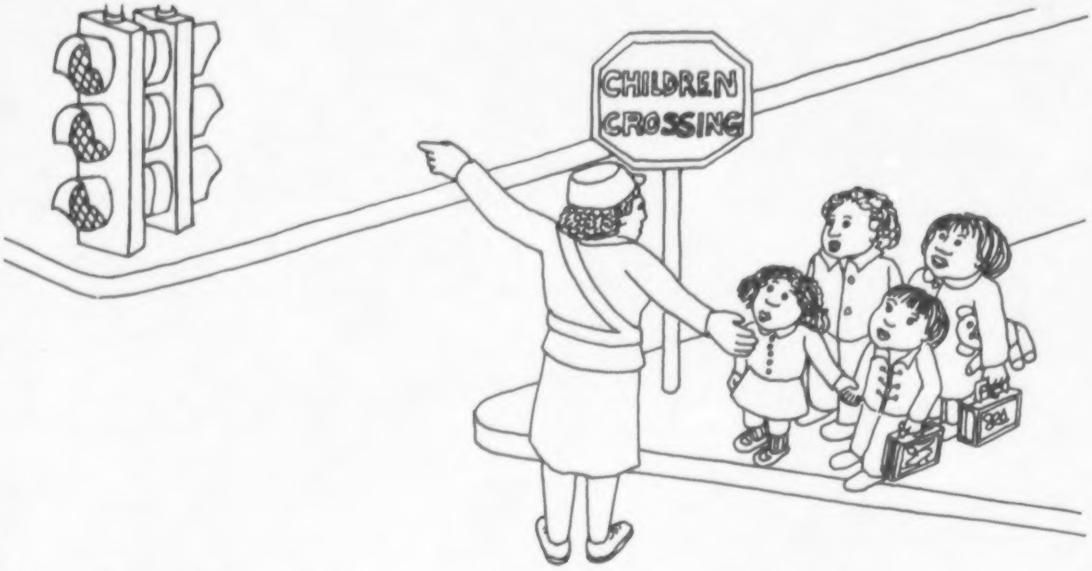
3.
Setting Limits

Some limits must be put on children to protect their physical safety. Safety limits are usually clear-cut: for example, "We walk in the classroom" and "Look both ways before crossing the street." State safety limits simply and frequently, and demonstrate them when necessary.

Often children who are language impaired will have difficulty following even simple directions. *Tell* the child what safety measures to take, and then *show* them to the child. If you repeatedly help the child to follow directions in the same way, the child will learn to follow spoken directions. Enforce safety limits consistently, so that children will learn that they must be followed.

Children also need limits to help them control their behavior. Unlike safety limits, behavioral limits require you to make some judgments about what is appropriate and what is not. Each of us has a range of child behavior that we accept or can tolerate in our classrooms. (Some teachers don't mind a lot of noise or a messy paint area, while others can't stand this.)

Whatever behavioral limits you set, make sure the child fully understands the rules you want followed, and be consistent in enforcing them. If the limits keep changing, the children will never know what you expect, and will not learn what you are trying to teach. Praise children for their efforts, and try to ignore borderline but tolerable behavior. Let the children know that you accept and respect them, whatever the quality of their performance. As a result, the children will not feel personally threatened by failure. They will approach learning without fear.



Demonstrate safety limits when necessary.

Before setting a behavioral limit, look carefully at the behavior you are concerned with, and ask yourself the following questions.

How Does It Affect the Other Children?

Does the behavior disrupt the learning of the other children? If the behavior does not disturb the other children, then perhaps it is a behavior you should try to learn to live with.

For example, if Tasha's loud voice seems much more annoying to you than to everyone else in the class, maybe it is not so important that she be quiet, after all.

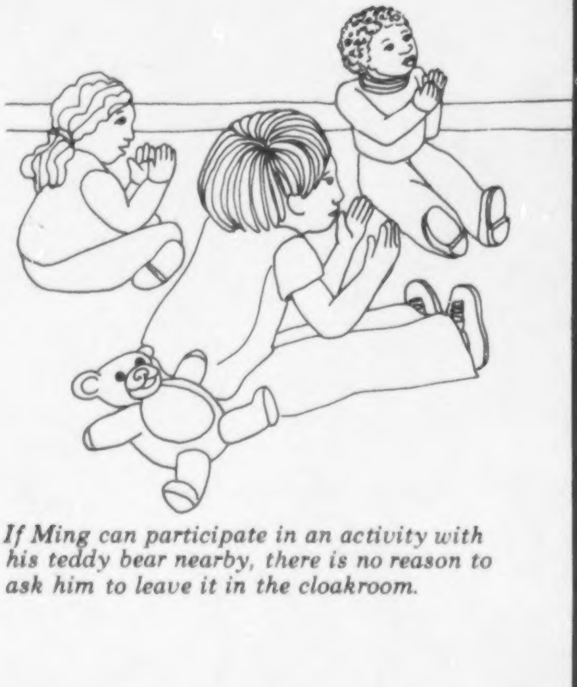
Can the Child Help It?

Does the child have control over the behavior? For example, you may find Avinell's inability to sit through a whole story annoying. Although you can do some things to help the child, it may not be possible for her to sit through some of the stories you want the class to hear. This means you must find some way to adapt to Avinell's behavior. You might decide to read two stories to the class, the first very short. After the first story, Avinell may leave the group to set up for snack or to prepare for the next activity. The rest of the class can stay to hear a longer story. Concentrating in this way on the child's **needs** rather than on the **behavior** may help *you* change an activity to everyone's benefit.

Is a Change Justified?

Do you have a good reason for wanting to change the child's behavior? What is your educational reason for wanting to alter the behavior? In other words, make sure the behavior change is good for the child, not just more convenient for you.

Ming is a child who brings his special stuffed animal to preschool with him every day. He refuses to put it away with his jacket every morning, no matter what you try to get him to do this. He insists on holding it all day. Helping him learn to do without it at times is important, because it interferes with many activities, like joining hands in a circle or playing on the playground. On the other hand, it isn't important that Ming put the animal away in the coat room out of sight. He may really need to know that he can hold it when he wants to. If he can still participate while holding it or while keeping it nearby, there is no educational reason for asking him to leave it in the coat closet.

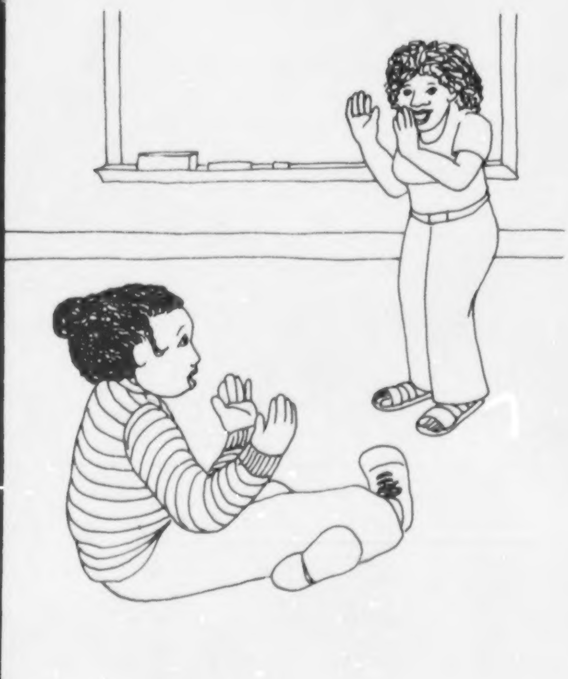


If Ming can participate in an activity with his teddy bear nearby, there is no reason to ask him to leave it in the cloakroom.

Can You Think of Substitute Behavior?

What behavior do you want the child to substitute for the unacceptable behavior? One good way to help children change an undesirable behavior is to teach them a good substitute. A child who cries when he or she is upset with other children can be taught to be angry with words, or to stalk away from the anger-producing situation. Make sure that the new behavior competes with the undesirable one. Betty can't cry and tell David that she is angry with him at the same time, so telling him that she is angry would be successful technique for holding back her tears. You may need to supply Betty with the words she needs to express herself. For example, ask, "Are you angry? Stop crying and tell David 'I'm angry.' "

For children with speech or language problems, developing the ability to verbalize anger may eliminate undesirable behavior like hitting or crying.



4.
Pacing

Plan your day so that the activities are varied. Alternate between noisy and quiet activities, and between organized activities and free play. When you teach new skills, present them first in familiar contexts, along with some skills the child already has. This lessens the child's uncertainty and frustration.

Children with language or speech impairments may be especially sensitive to the pace of the day. They may need structure and routine in order to function at their best. A language or speech impaired child who is sensitive to the noise or confusion of the classroom may need more quiet times than non-handicapped children. This doesn't mean the child needs a nap. Ten minutes alone in the book corner may be enough. Also, the child's attention span may need training and strengthening if he or she isn't used to preschool. If a child's attention span is short, make the activities short, too. You can lengthen them as the child learns to pay attention for longer stretches of time. Finally, there should be extra time available for the child who needs more than one turn to understand or to do something. Providing time for that extra turn or two can mean the difference between success and failure.

Pacing activities not only permits you to give individual attention to children, but also to observe children in different situations. For example, alternate a free play activity with a structured activity in which children take turns responding to certain questions. You can observe how a child communicates when responses are required, in comparison with how he or she communicates spontaneously.

5.
Grouping

At home children with language or speech impairments are sometimes isolated from other children. One of the benefits of mainstreaming is that it offers these children the opportunity to play with other children and to learn a new skill by seeing others do it correctly. You can plan and organize your learning situations so that this interaction, called "peer modeling," can occur. In areas where a speech or language impaired child has difficulty, another child (a peer) who has the skill can act as a model. Likewise, in areas where a language or speech impaired child excels, she or he might be paired with a less skilled child.

As you know, no child, handicapped or non-handicapped, is good at everything or bad at everything. All children should have the opportunity to give help to their classmates and receive help from them.

Try very hard not to exclude a child with special needs from any activity, especially large-group activities. Exclusion means isolation, and isolation means feeling different and bad. To include the child, give extra assistance or change the expectations for the child. For example, during show and tell, help the child with a language disorder to talk about what he or she has brought in by modeling short sentences and expanding them for the child (see pages 84 and 85 for a full explanation of modeling and expansion). In this way, the child is a full participant in the activity, is not sitting silently, and is also practicing language skills.

Individualized teaching does not mean isolating a child. Rather, it involves modifying the activity so that all children can participate within the same learning situation.

6.
Children Helping Children

We have already mentioned the benefit of using children as models for each other. This principle applies directly to using non-handicapped children to assist you in mainstreaming special needs children. Some (but not all) of your youngsters will probably be eager to act as helpers. Observe the children in the classroom and see which ones seem to want to help the others. You may need to spend some time showing these non-handicapped children how they can help the handicapped children. This type of experience has a bonus: it helps them to develop positive attitudes about handicapped people. In addition, their help will free some of your time for other responsibilities. Ways in which non-handicapped children can help in mainstreaming a language or speech impaired child include:

- **helping a confused child to follow verbal directions for cleanup**
- **helping a stuttering child by waiting for the child to respond, and not speaking for him or her**
- **helping a child whose speech is hard to understand by occasion-**

ally "translating" if the teacher or others didn't understand

- **including language impaired children in play (and especially in fantasy play), by finding roles for them other than "the baby"**
- **using short sentences when talking to a child with a language impairment**
- **alerting a child whose attention wanders that the teacher is about to give a direction.**

Peer helpers should be called upon often, and this includes having a speech or language impaired child provide help in areas where he or she excels. In this way, all the children will learn that they each have areas of strength and weakness. They will also learn that the need to receive help does not mean that they are failures, or are less worthy than those who offer help.

You may find that there is a non-handicapped child in your class who is unusually responsible and enjoys being a big brother or big sister to a child with a communication disorder. This is fine, but make sure that you are not relying so much on your helper that he or she becomes a substitute teacher, or does more for the language or speech impaired child than is needed.

Non-handicapped youngsters can help a speech or language impaired child by including the child in play and allowing him or her to assume roles other than "the baby."

7. Breaking Down Skills

Every skill is really composed of many sub-skills. There is no such thing as a one-step activity. Skills such as talking in simple sentences, cutting a circle with scissors, or learning to recognize letters consist of many sub-skills.

Some children can master a new skill very quickly, with little help from you. These are children who already know the sub-skills and can use them in performing the new skill. Some children, however, don't have some of the sub-skills necessary, and need to be taught them before they can succeed at the overall activity. Children with speech or langauge impairments have this problem in the area of communication skills, and may have problems in other skill areas as well.

For these children, you can break down the activity into sub-skills that can be learned at their current skill level. For example, you know that Paul can point to let you know what he wants, but you want him to learn to ask for what he wants, especially the foods served at snack or meal times. But before you can expect him to ask for foods, you must be sure that he knows the names and can identify the foods. You can break down the naming activity into sub-skills by having him point to foods and pictures of foods that you name. Pointing to objects or pictures whose names are presented verbally is a sub-skill of naming these items, and must be mastered first.

8. Sequencing Activities

In addition to sequencing skills within an activity, sequence a series of activities. Start with simple activities and gradually increase the level of difficulty as a child learns.

For example, you can first read the class the story of **The Three Little Pigs.** Follow the reading by asking questions about the story: "What was the first pig's house made of?" or "Who blew the house down?" A more difficult activity to try later on would be to have the child start the story for the class. Once you have read the story several times, you might ask a child to retell the story in his or her own words. This last activity is the most difficult, and must be built up to gradually.

Be sure to demonstrate for a child how the skills learned in one activity can be used in others. A language or speech impaired child may need to repeat a sub-skill, a skill, or an activity several times with your help and several more times without it, before moving on to new activities at a more difficult level.

9. Physical Contact and Guidance

Use physical contact to help a child, to ensure safety, to provide guidance, and to limit space. Feel free to express your affectionate feelings with a pat or a hug. For the child who is language impaired, physically expressing warmth and affection may be very important, since the child might not understand what you are telling him or her. Children with a language impairment must also be shown what you do not want them to do. Again, the words may not be enough. You should **tell** them, but also **show** them.

Guard against using physical contact to punish a child.

10.

Avoiding Over-Dependence

It is sometimes hard to be accurate and realistic about what children are capable of doing for themselves. For many language and speech impaired children, it is all too easy to assume that they are more helpless than they really are. Seeing that they cannot do some things may make you think that they cannot do others.

Furthermore, some parents may have overprotected their child to make up for all the extra problems he or she has to deal with. This means that some children may come to Head Start expecting that everything will be done for them, simply because this is what they are used to.

Overprotecting a child is a trap you don't have to get caught in. You have to ask yourself: "Is this really impossible for this child? Could the child do it alone with more time? Could the child do it with more help from me?" Think hard, and be honest. It is tempting to do things for a slow child because you can do them faster and better. But if you're always the one who "translates" for the child before he or she tries to say something more clearly, or pours more juice before the child attempts to say "more," the child won't have a chance to try to learn to do these things. The child is in your classroom so that he or she **can** learn to do them.

Being extra patient and giving extra encouragement to children who try to do things on their own will pay off many times in the future. You can help children think of themselves as able, not unable. When they grow up, they will be in the habit of expecting as much from themselves as they are really capable of.

11.

Confidentiality

Making sure that confidential information stays confidential involves careful record-keeping and watching what you say.

Project Head Start requires programs to institute careful procedures, "including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition" (OCD Transmittal Notice N-30-331-1-30, "Head Start Services to Handicapped Children," February 28, 1973, page 6). The Head Start Performance Standards also state the procedures to guarantee confidentiality of records:

- **Records must be stored in a locked place where unauthorized people cannot see them.**
- **The Head Start director must determine which staff members can see which parts of the records and for which reasons.**
- **Parents must fill out written consent forms to give anyone outside of Head Start permission to see the records.**

These procedures are designed to make sure that all records on a child and his or her family are seen only by people who need to see them for legitimate educational or medical reasons.

Avoid writing down the confidential information contained in a child's records. Limit the confidential information you do write down to what you need for working with the child.

You should not repeat confidential information about handicapped children or their parents, either to other parents or to staff members who are not working with the children. This is an invasion of the privacy to which handicapped children and their parents have a right.

If you need to share confidential information with another staff member to help him or her work better with the child, have your discussion in a private place and limit it to necessary information only.

Teachers have sometimes been embarrassed to find that their comments about a handicapped child's family have been repeated to the family. Parents of children with special needs can be sensitive about this issue, and understandably so. Be discreet about what you say and to whom you say it.

Techniques

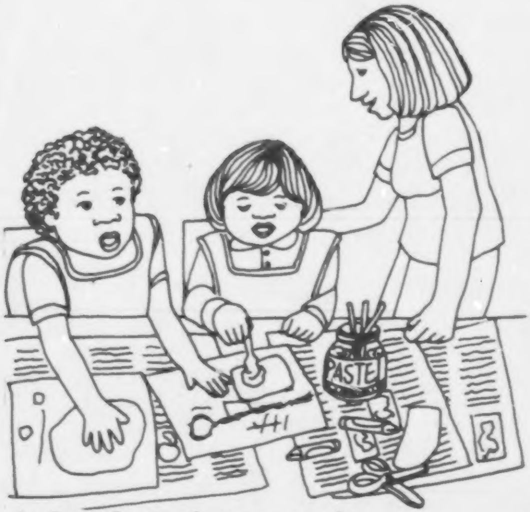
This section is in two parts. The first contains general suggestions for helping children to develop communication skills. The second part suggests specific techniques for working with children who have language impairments, articulation disorders, voice disorders, or stuttering problems.

Teaching Communication Skills

The principles you use in all teaching apply to speech and language teaching. If you had children in your class who were old enough to button their coats but could not, you would dc more than give them a pile of sweaters and coats to button. You would teach them how to button. In the same way, children who have not learned the speech or language skills that most others their age have mastered need more help than just hearing others talk. If that were enough they would have learned those skills in the first place! The next few pages contain several suggestions for helping children learn to communicate better.

1.
Help the Children to Feel Secure

Children with language and speech impairments feel most secure in situations in which they are encouraged to use the communication skills they have, but are not asked to do things they have not yet learned. It is one thing to expect Howie to say "More milk," once he has learned how to ask for milk. It is another thing to expect him to say, "I want another cracker," if he can't say the words "another" and "cracker." For children with speech or language problems, being told to say things they haven't learned yet will not help them feel secure. Let them know that any attempt they make at talking is appreciated. But don't overreact if a very quiet child attempts to say something new. Overreactions can have negative effects on a child.



At first the teacher may need to act as "translator" to help the other youngsters learn to understand a child who has a speech problem.

2.
Be a Good Listener

As we said earlier, communication takes place when someone talks and someone listens. It is very important that children with speech or language impairments be listened to and rewarded for trying to talk. It really helps them improve their speech when adults stop, listen seriously to what they are saying, and respond. Sometimes children with speech or language problems are hard to understand, but after listening to them for a while you can begin to develop an ear for what they are saying. Parents can often help you learn to understand their children. Ask parents for their help.

It is also important to help others in the class learn to understand a child with a speech problem. In the beginning you may need to act as translator, but try to do this with as little special notice as possible. If you succeed in helping the other children understand the child's speech, you will have given the child a new and important group of listeners.

Danny, a three-year-old child with a speech problem, was working on an art project with his friends. Needing some paste, Danny said, "Imme athe" for "Give me paste." The teacher noticed that none of the children was responding, and said, "Danny said, 'Give me paste.' Could someone pass him the paste?"

3.
Get the Children Talking

Many children with language and speech problems often do not initiate communication. Therefore, if left alone they would probably be silent much of the day, and not use the communication skills they have. The most important thing you can do for these children is to get them talking and keep them at it. Following is a list of suggestions on how to help children talk more.

- **Talk to the children while they are doing something. Children are more likely to talk when they are actively involved.**
- **Encourage the children to bring in special things from home, and make sure they have time to share them with the class.**
- **Encourage the children to talk about how they feel. Being able to tell a friend that you are angry may cut down on the need to hit your friend, just as being able to say, "I like you" has its own special rewards.**
- **Let the children do as many different things in the classroom as possible, to give them more to talk about.**
- **Teach the children (if possible) how to give important information, such as their name and address. They will probably have to learn this information bit by bit.**
- **Teach the children a short rhyme or song they can perform for others. There is nothing like being able to put on a show to build children's confidence in their speaking abilities.**
- **Include in your program vocabulary, concepts, and activities that are relevant to every child's home experience and cultural background. The children may not all be familiar with "English muffins" but they all know "bread."**
- **Ask the children open-ended rather than yes-no questions. "What did you have at the birthday party?" is better than "Did you have cake at the birthday party?"**

4.
Telling Is Not Enough

Telling a child how to say a word, ask a question, or phrase a sentence does not mean that the child will learn the relevant speech or language principle. Language is a living tool: learning to use it requires constant attention and use in meaningful situations. Children will not gain new communication skills simply by being told to "say it this way." They need to hear you use a word, ask a question, or use a simple sentence over and over again before they *may* begin to learn the principle involved. Then they need an opportunity to use and practice this speech or language principle often themselves, before they will learn to use it correctly and appropriately.

If a child cannot respond to your question, you will find it more helpful to repeat the response three times than to ask the question three times.

5.

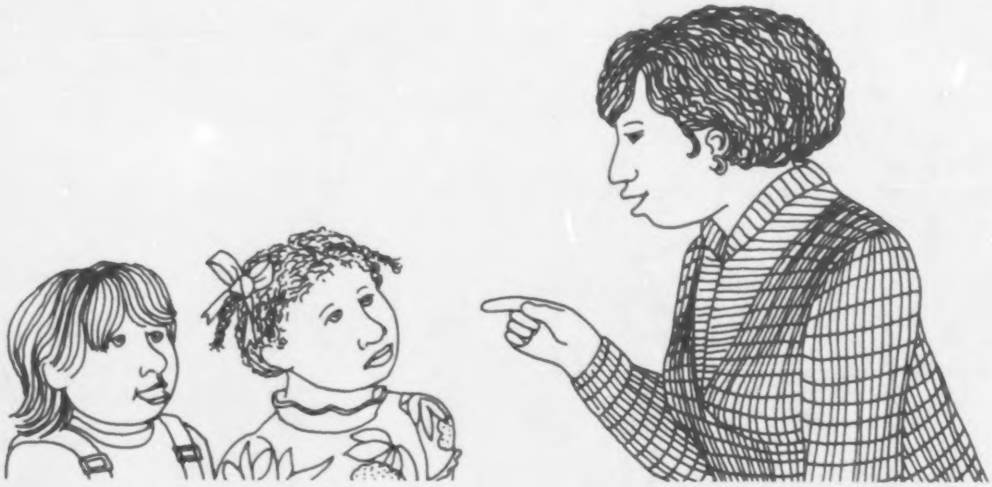
Input Comes Before Output

Children must be familiar with a word before they can use it. Or they must understand a sentence pattern before they can use it or put words together. Similarly, children must be able to distinguish speech sounds before they can produce a desired sound. And they must be able to understand a concept like "next to" before they can begin to talk about the concept. Some children, especially those with speech or language impairments, may need to hear a word, expression, sound, or concept used appropriately many times before they will be able or willing to use it. During those times when you want a certain response from a child and are faced with silence, you will find it more helpful to repeat the response three times than to ask the question three times. In this way your repetitions are helping the child to learn a response that can be used in the future. Consider the following situation.

You are leading a group activity in which the children are asked to name familiar objects or body parts. Little Aisha responds quickly and correctly when asked to "Point to your nose." On the next round of questions, the children are asked to say the name of the body part you indicate. When you point to your nose and ask, "What is this?" Aisha says absolutely nothing. You think that she understands the concept (nose), and you know she has heard you, but you have gotten no response.

In this sort of situation, some teachers might simply conclude that Aisha, for some reason, is not willing to cooperate. Others might conclude that she cannot say the word. Still others might try to get her to say the word by saying, "Come on, you know that!" A more constructive approach would be to repeat the desired response: "nose." Point to your own nose and say, "This is my nose." Point to Aisha's nose and say, "This is your nose. Nose." Use short and simple sentences. Give the child an approving non-verbal cue, like a smile. Then move on to the next child, making a mental note to use the word "nose" in informal situations throughout the day or in other activities, to expose Aisha to it at various times.

This type of action is helpful because it provides a model, makes the child feel secure, and follows the principle that input comes before output. In addition, by not repeating your demand for a response, you are probably avoiding a frustrating situation for both you and the child.



Specific Teaching Techniques

The following techniques are helpful in working with children who have communication disorders. The list of techniques has been divided into separate sections for each type of disorder: language impairments, articulation disorders, voice disorders, and stuttering problems. Any of these techniques can be used within the regular classroom routine.

You are not a speech-language pathologist and are not expected to act as one, but you can do a lot to help a child with a language or speech impairment feel comfortable in your program. You can also help the child to practice the new communication skills that he or she may be working on in therapy, and to develop new skills.

Helping Children with Language Impairments

1. Help children understand

Children with language impairments cannot do what you tell them to do if they cannot understand what you are saying. You can help them learn to understand speech and to follow directions by taking these steps:

- **Get their attention.**
- **Tell them what to do, using language that is appropriate to their level of language development. For example, if a child speaks in two- or three-word sentences, tell that child what to do in three- or four-word sentences. The child probably understands sentences that are slightly more complex than what he or she can express.**
- **Use the names for the objects or places you are talking about. Don't say "it" or "there" or "these." Say "jacket" or "closet" or "picture corner."**
- **If you get no response, repeat the question or statement, using natural gestures.**
- **If they still do not respond, show them what they should do by moving them through the directions step by step.**

2. Expand on what children say

Expansion is a way of helping children learn new language structures. When you use this technique, you repeat what the child has said in a more "adult" way. For example:

Child: *Susie play.*

Teacher: *Yes, Susie is playing.*

Child: *Want blocks.*

Teacher: *Oh, you want more blocks.*

Child: *Want more blocks.*

Expansion shows the children that you understood them. At the same time, it shows them how to express their thoughts in a developmentally more advanced way. Expanding on what children say does not guarantee that a child will begin using the new structures immediately. But eventually, after much exposure to more adult ways of saying things, the child may begin using new structures.

3. Model new sentences

Modeling is a way of commenting on what a child has just said. In expansion, you improve on the way a child said something. In modeling you go further, by providing well-formed, simple sentences that relate to what the child has just said.

Child: *Boy crying.*

Teacher: *Yes, he hurt himself.*

Child: *Lady bye-bye.*

Teacher: *The lady's going home.*

Modeling gives the children added verbal stimulation, from which they can learn. By modeling you are letting a child know you have understood what he or she has said. At the same time, you are offering a new idea to talk about and are demonstrating a new language structure.

4. Use what children already know

It is easier to learn something new if it is paired with something that is already familiar. For example, if a child uses single words and you want him or her to begin to use two words together, put together two single words the child already knows to make a two-word phrase.

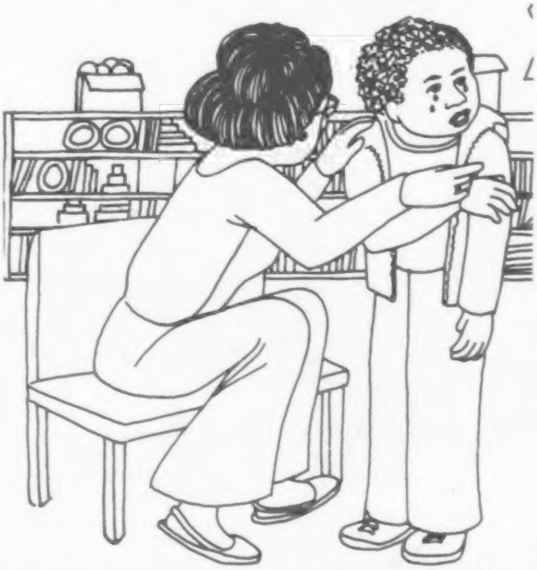
Sylvia has never used more than one word at a time. She knows the words "more" and "juice." Each day at snack time you might ask, "Sylvia, do you want more juice? Here is more juice." One day Sylvia may reply, "More juice." Sylvia will have spoken her first two-word phrase.

5. Encourage children to imitate

Although it is not a good idea to tell a child constantly to repeat things after you, there are ways to encourage children to imitate good language.

Ms. Ryan watched as Amy, a child with a language impairment, and Jeff took the napkins and cups out of the closet for snack. She noticed that the closet door had been left open. She used this situation to encourage Amy to imitate. She said, "Amy, tell Jeff to shut the door." And Amy said, "Shut the door."

Imitating you can also help the children to learn how to express their feelings. For example, if Ronnie hits Jessie, you might say to Jessie, "Tell Ronnie that hurts."



There are many ways to encourage a child to imitate. Encouraging Jessie to tell Ronnie "That hurts!" can help Jessie learn to express his feelings through imitation.

6. Talk about what you are doing

Children's earliest speech is about the present — what is happening now. Talk about the things you and the children are doing. For example, if you are helping the children to clean up, you might make comments such as these:

> *We need to wash the paint brushes. Hamilton is putting them into the basin of water. Mary, can you swish them around? Okay, they're all clean. Who can put the tops back on the paint jars? Good. Now they're all covered. Jennifer is carrying them to the closet.*

7. Talk at the appropriate language level

Try always to speak to language impaired children using language that is appropriate to their level of language development. If Joel uses mostly single words and is just beginning to use two-word phrases, don't talk to him like this:

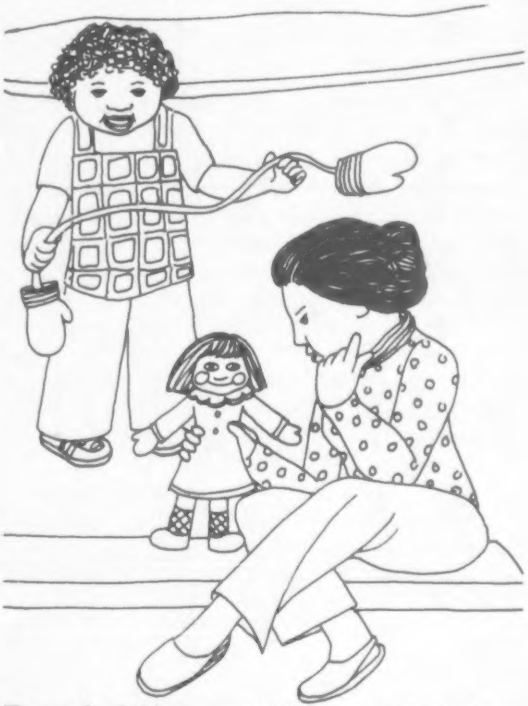
> *Joel, let's get your coat on so you can go outside. Good, Joel, you got your arms in! Now let's try that zipper. I'll start it and you finish it. Pull it up — all the way to the top. That's fine, Joel, you pulled it all the way up.*

A better way to communicate with Joel would be:

> *Outside time, Joel. Put your coat on. Let's zip it up. You try. I'll start it. You finish the job. Good job, Joel!*

8. Teach children through action

If you want to teach children something new about language, don't just tell them about it. Have them do something. For example, suppose that you want Nora to learn to identify objects from their use. You want Nora to show you gloves when you ask her what she wears on her hands. Rather than asking, "Nora, what do you wear on your hands?" you might set up a play situation with Nora in which a doll needs "something to keep her hands warm so that she can go outside and play." In a situation like this, Nora will probably give you the gloves. Once she has learned to respond in this way in activity situations, Nora can learn to respond to the spoken question, "What do you wear on your hands?"



To teach children something new about language, don't just tell them about it. Have them do something.

Helping Children with Serious Articulation Problems

1. Learn to understand what children say

You may find it hard to understand children with serious articulation problems, especially at first. Extra patience is needed. With time you will begin to understand more and more of the child's speech. The child will give you clues. In some cases, classmates may understand the child more easily than you do, and will naturally provide you with "translations."

Often parents can help you learn to understand their child. Ask a parent to tell you how the child pronounces certain words that are often used in preschool (jacket, juice, cooky, outside). Ask the parent the names of the child's brothers and sisters, relatives, friends, pets, or other things the child might want to tell you about. Ask the parents to tell you when any special event (a birthday party, the birth of a new baby, a visit by a relative) takes place. If you have an *idea* of what the child is talking about, you will be more likely to understand what he or she is saying. If you sometimes find that you simply cannot understand what a child is saying, say to the child, "Try saying it again," or "Show me what you want." At times you just won't know what a child is talking about, even after you have asked the child to repeat. Occasionally, you might want to try to "fake it" by smiling and saying, "That's nice." Or occasionally you may tell the child, "I'm sorry. I don't understand what you're saying." Although this may be frustrating for the child, it may also provide him or her with added motivation for change.

2. Teach children how to listen

Before a child can say a sound correctly, he or she must be aware of the difference between the right pronunciation and the wrong pronunciation. This means that the child must have **auditory discrimination skills**, that is, he or she must be able to hear differences between sounds. Children with serious articulation problems may lack this skill, and will often need practice in listening before they can begin to improve their pronunciation.

To teach listening or auditory skills, work first with environmental sounds (rather than speech sounds) and with sounds that are very different from each other, before sounds that are similar to each other. Find out from the speech-language pathologist which speech sound or sounds the child should begin working on first. The following steps can be taken to help the child become ready to correct those sounds in his or her own speech:

- **Help a child learn to recognize the *source* of a sound, where a sound is coming from.**
- **Help a child learn to recognize when two sounds are the same or different.**
- **Work with a child to help him or her *identify* different sounds (a horn, a barking dog, a car engine, a siren).**
- **When a child can identify very different sounds, begin helping him or her learn to identify similar sounds (a doorbell, a telephone).**
- **Next, begin working on speech sounds. Teach the child to recognize when two sounds are different. Start with speech sounds that are not at all alike (*m* and *t*), and gradually increase the difficulty to sounds that are more alike (*k* and *t*). Work on these sounds alone and then in words.**

- **Finally, help the child learn to hear the difference between the way he or she says a certain sound in a word and the way others produce the sound.**

See page 107 for more specific ideas on activities to improve listening skills.

3. Repeat what children say

Repetition often takes place when adults and children talk. Children try to imitate what adults say just as often as adults repeat what children say. You should try often to repeat in a clear way what the children are saying. This will give them a chance to hear what they have just said spoken correctly and to improve on the way they have said it.

Adult repetitions of children's language are particularly helpful to children if they include corrections of mispronunciation.

Child: *I want more duce.*

Teacher: *Yes, you want more* ***juice.***

Child: *Yes, I want more juice.*

Although the above example shows a successful use of repetition, changes usually occur only after using a technique like this many times. You need to be careful, however, about how often you ask children to repeat after you. Asking children to repeat may make them angry and make them feel that they are not communicating. Direct requests for repetition might best be used during activities or games, instead of using them when they can interrupt classroom conversations.

4. Be a good articulation model

When you talk to the children, speak clearly and not too quickly. Try to get the children to watch your face when you talk. In this way you can provide them with a good articulation model. They will get cues both from hearing the way you say the sounds and from seeing how you produce them.

Look at the children when you talk to them. If, for example, you are looking down at a book in your lap, the children can't see *how* you make sounds.

5. Find out each child's level

Children do not learn to say a speech sound correctly all at once. You will find that a child can learn to produce a sound correctly by itself, or in a single word, if it is the first sound in that word. That same child may need more time to learn to say the sound correctly if it is in the middle or at the end of a word. Once the child has learned to say the sound correctly at any point in a word, he or she may still be unable to say it correctly in spontaneous conversations.

When a child with serious articulation problems receives speech therapy, the speech-language pathologist works in steps. The pathologist can tell you, for example, if the child is at the single-word level or is beginning to use particular sounds in short phrases, sentence drills, or conversational speech. The pathologist can keep you informed of what level the child is working on and how the child is progressing. By keeping in touch with the therapy process, you can avoid pressuring the child to do more than he or she has learned how to do. At the same time, you can encourage the child to use the skills he or she has recently gained in therapy. This will help the child progress more quickly.

Helping Children with Voice Disorders

1. Find out the cause

Voice disorders in children may result from a variety of causes. If the cause is a physical problem, there may not be anything that you can do to help the child. In some cases, however, you can be effective in working with the child to change his or her voice. Check with the speech-language pathologist or the ear, nose, and throat doctor (otolaryngologist) who made the diagnosis. They can tell you if the problem is one that you might be able to help with.

2. Discourage vocal abuse

In some children, voice disorders are the result of simply overusing their voices. This is called **vocal abuse.** Children who abuse their voices probably do it by talking too loudly. They need to learn what loudness levels are appropriate for different situations. These children need to be reminded that they don't have to talk so loudly if you are standing near them. You can also help them by cautioning or reminding them before they go out to the playground that they should not scream while playing.

You might notice children who seem to abuse their voices, but do not seem to have voice disorders. You may be able to prevent future voice problems in these children by discouraging vocal abuse in them as well.

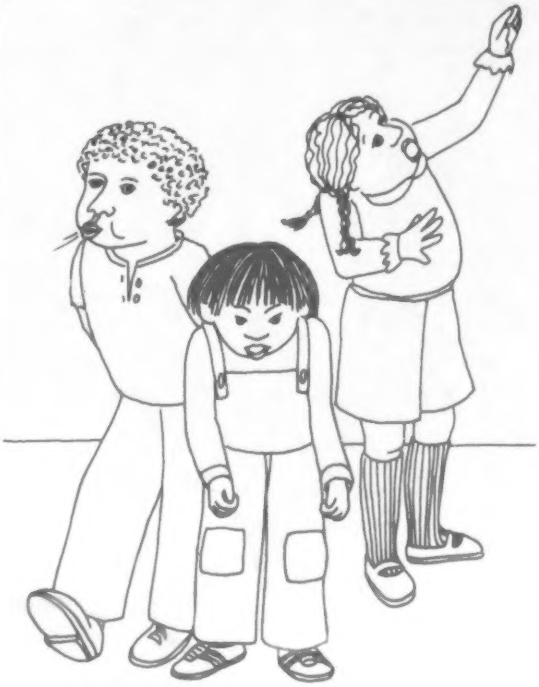
3. Be a good model

Help the children by using good voice habits yourself. Speak in a voice that is neither too loud nor too soft, and that is pleasant and soothing to the ear.

4. Have children try out different voices

Children with voice disorders may need to learn to stop speaking in one way and start speaking differently. Although the speech-language pathologist will do most of the training toward a "new" voice, you can help the children realize that there is more than one way in which they can talk.

Through various games and activities you can let the children "try out" different voices. Ask them to pretend to be different people, animals, or objects, simply by changing their voices. The children can use loud, soft, gruff, sweet, or other kinds of voices. Such activities can make them aware that they can change the way they talk, and can help them learn how it feels to use different voices. Learning to use a "new" voice most or all of the time is not easy for children to do. It will take more than the kinds of activities described above before they can accomplish this goal. However, these types of experiences can be very valuable for children in voice therapy.



Children can try out different voices through play.

Helping Children Who Stutter

1. Set a good example

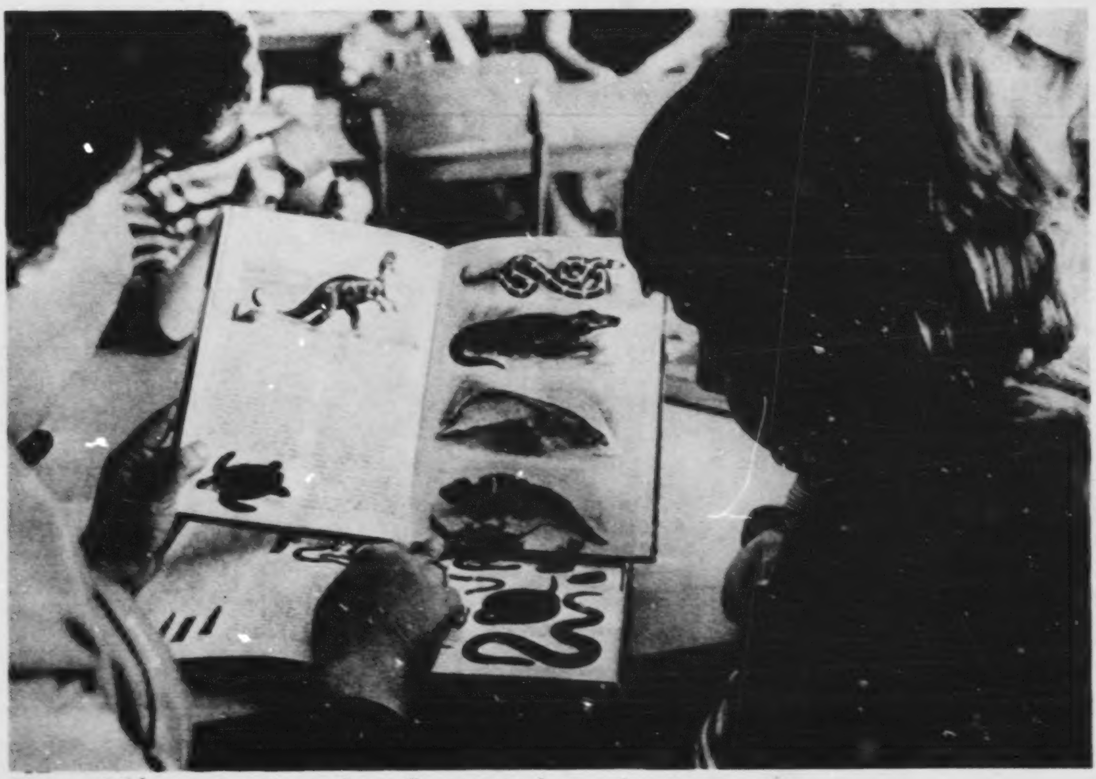
Speak to the children in a relaxed, calm way. Be a good model for all aspects of speech, including sentence structure, word choice, and tone of voice. Encourage parents to speak to their child quietly and calmly, too. This type of behavior not only serves as a model for a stuttering child, but also helps the child to recognize that talking is not something that people are usually tense about.

2. Establish favorable speech conditions

Give the child opportunities to speak without interruption or pressure. Don't finish sentences for the child. Try to avoid telling the child to be quiet when he or she wants to tell you something.

Try to pay attention to *what* the child is saying, not *how* the child is saying it. Don't point out or criticize what is wrong with the child's speech, no matter how severe the stuttering might be. Simply respond to what the child has said. The child who stutters needs to feel that what he or she says is accepted by you.

Similarly, if a stutterer says something fluently, avoid commenting on it. Telling a child, "You said that very well," is just another way of telling him or her that he usually does not talk well.



Give a child opportunities to have fluent speech experiences every day.

3. Find out when children are most fluent

Children who stutter can talk more easily and smoothly in some situations than others. By finding out which situations are most comfortable for a particular child, you can help the child to have fluent speech experiences every day. The chart in Chapter 3, page 52, can help you observe when the child is most fluent.

4. Don't tell children what to do

Telling children who stutter to "Take a deep breath," "Stop and start over again," or "Slow down," may only complicate matters. In their effort to follow this well-meant advice, some children begin gasping for air before starting to talk, or become so concerned about starting over that they repeat the first word in a sentence more than ever before. Children who get all kinds of advice begin to worry more and more about "doing it right." But the more they worry about talking, the more likely they are to stutter when they talk.

Children are very aware of the emotional reactions of others to their speech. Showing surprise, embarrassment, or impatience can make children ashamed or upset about the way they talk, which can cause even more problems. It is important to avoid emotional reactions to stuttering. If a child comments on his or her speech problems, or if others tease the child, you might point out that everyone repeats at times. Let the child know that you hesitate over words, too.

5. Consider the child's needs

Sometimes other children in the class comment on a stutterer's speech or even tease the child. You may wonder if you should discuss the subject openly with the children. Parents may ask you if they should talk about stuttering in front of the child. How you answer these questions depends on the individual child.

Some children are happier when they realize that their stuttering is not a taboo subject that cannot be talked about in the open. Others will be much more sensitive and cannot deal with the problem as openly. Because you and the parents know the child best, you can probably answer this question yourselves, after thinking about the child's needs.

You may find it helpful to discuss this issue with a speech-language pathologist who is familiar with the child.

Activities

This section discusses how you can modify everyday activities to help children with speech or language impairments.

Skills to Concentrate On

Although children with speech or language impairments may be deficient in other skill areas, their major needs usually lie in the areas of cognitive prerequisites for language, and speech and language skills.

Children with any kind of language or speech impairment may need help in:

- **increasing the amount of talking they do**
- **improving their ability to communicate appropriately in varied situations.**

Children who have language impairments and who are not yet talking may need to learn how to:

- **attend (pay attention)**
- **imitate**
- **understand object permanence (that objects continue to exist even though you can't see them)**
- **understand what objects are used for**
- **understand language**
- **understand that language can be used to achieve a desired goal (for example, you can use language to ask for things).**

Children who are language impaired but are beginning to talk may need to:

- **increase their comprehension**
- **learn and use vocabulary and concepts**
- **learn and use more and more complex language structures**
- **practice specific language rules or constructions**
- **learn to sequence verbally (order events in time)**
- **learn to symbolize or pretend, and represent one thing by another**
- **learn to classify and associate objects.**

Children with serious articulation disorders may need to work on:

- **auditory (listening) skills**
- **producing speech sounds correctly.**

Children who have voice disorders may need help in:

- **recognizing that they can use their voices differently than they have been**
- **learning how to use their voices differently.**

Children who stutter may need help in:

- **becoming aware that they don't always have difficulty talking**
- **using their communication skills as often as possible**
- **finding out that others are sometimes disfluent as well**
- **finding out how to talk more fluently.**

Once you have developed specific objectives for a child, think about the techniques suggested earlier in this chapter for the specific impairment and look over the activities. Decide which activities can be used to help the child reach the objectives.

Story Reading, Cooking, and Music

For children who have language impairments, these activities are most helpful for improving their:

- **ability to attend or pay attention**
- **imitation skills**
- **language comprehension**
- **sequencing skills**
- **knowledge and use of vocabulary**
- **use of more complex language structures**
- **knowledge of specific language rules or constructions.**

For children who have severe articulation disorders, these activities can be most helpful for:

- **improving auditory discrimination**
- **practicing specific speech sounds.**

For children who have voice disorders, these activities can be used to:

- **help them try out a variety of voices.**

For children who stutter, these activities can be used to provide fluent speech experiences through:

- **repeating words, sentences, or other responses in unison with the rest of the class**
- **reciting well-learned or repetitious material**
- **talking in situations that may be comfortable for them**
- **singing alone or in a group (most stutterers do not stutter when they sing, recite, or speak in unison).**

Story Reading

Preparation

Whenever possible, read the books ahead of time, so that you are familiar with them. Choose books that will interest the children and that are at their level in content, language complexity, and length. Rhymes and poems can be read, also. Try to choose books that relate to what the children are doing in the classroom, or to the kinds of things that happen in their homes. If there are specific aspects of a book that you think would make good teaching material, choose and plan for them ahead of

time. For example, if a book has a simple plot, consider asking the children to tell you about the order of events in the story after you have finished reading. You may want to draw in extra pictures (such as stick figures) if the illustrations in the book do not cover every action that takes place.

Some children are not ready to listen to stories; for them, picture books are more appropriate. The earliest picture books should contain realistic pictures of familiar objects that the children will want to talk about. This means that the best books may be ones you make. If it is possible to make a separate book for an individual child, put in pictures of the child; the child's parents, sisters, or brothers; you; and the child's favorite animals. If you want to teach a child about action words, fill that child's book with pictures of the child riding a bike, cooking, sleeping, jumping, throwing a ball. If you are using photographs, consider putting them in plastic covers for protection. If photographs are not available, you can cut out pictures from magazines, or even draw stick figures. The children can be encouraged to make up their own stories using these pictures.

Plan story time for the same time each day, so that the children learn what to expect.

Conducting the Activity

1. Have the children get themselves ready for story time by getting out mats or choosing chairs.
2. Make sure that all of the children can see the book from where they are sitting, and that you are reading with the book facing the children at their eye level.
3. If the book is new to the children, tell them something about it before you begin reading.
4. Read the book in an expressive voice, at an audible but comfortable level.
5. When you have finished reading, give the children time to talk about the story.
6. Introduce any special activities that you have planned to go along with the story.

Tips

To increase children's interest in books, let them choose which ones they want to hear.

Provide books that are relevant to the children's cultural and child-rearing experience.

Parents can often help you put together books that will be valuable for their children.

If certain children have difficulty listening, place them near you or an aide. Often this helps increase their ability to listen to the story.

A new book may be introduced to children with language impairments by going over it once with them (reading it, looking at it, and talking about the pictures) before you read it to the rest of the class. Your aide might be the person to do the "advance reading."

Some books emphasize the recognition of sounds or rhyming. Others place emphasis on vocabulary development. Including these types of books at story time can be both interesting and stimulating.

You can plan special activities that go along with a book and that work on a specific communication skill. Some examples are:

- pretending to be one of the characters in the book
- repeating certain sounds made by people, animals, or objects in the book. "Can you hush the baby? Let's try: 'Sh-sh-sh.' "
- repeating certain practiced routines that the characters in the story said, such as: "I'll huff and I'll puff and I'll blow your house down!"
- retelling the story using flannel board objects
- acting out the story while you retell it
- playing rhyming games by rhyming sets of words that appear in the story or poem. Have the class think of other words or make up nonsense words that rhyme.

Cooking

Preparation

Find recipes that are easy to follow. You might prepare a copy of each recipe with picture symbols.

Many things can be made without a stove. If your center has a stove, let the staff know ahead of time when you will be cooking with the children.

Start by having the children cook some very simple things, such as instant pudding or gelatin. Later introduce them to more complicated recipes in which certain steps must be done before other steps.

Get all the necessary cooking utensils ready, and (if possible) plan a trip to the store with the children to buy the recipe's ingredients. Also decide ahead of time how many children you can easily handle in one group. Each child does not need to cook every time.

Conducting the Activity

1. Have all materials where you and the children can reach them.

2. Let the children do as much of the measuring, pouring, and stirring as possible.

3. Talk with the children about what you and they are doing.

4. Let the children share with others what they have cooked.

5. Make sure that all of the children help to clean up.

Tips

Send home copies of simple recipes for parents to try with their children. If these are recipes you have already used in class, the children will have a chance to show their parents how much they have learned.

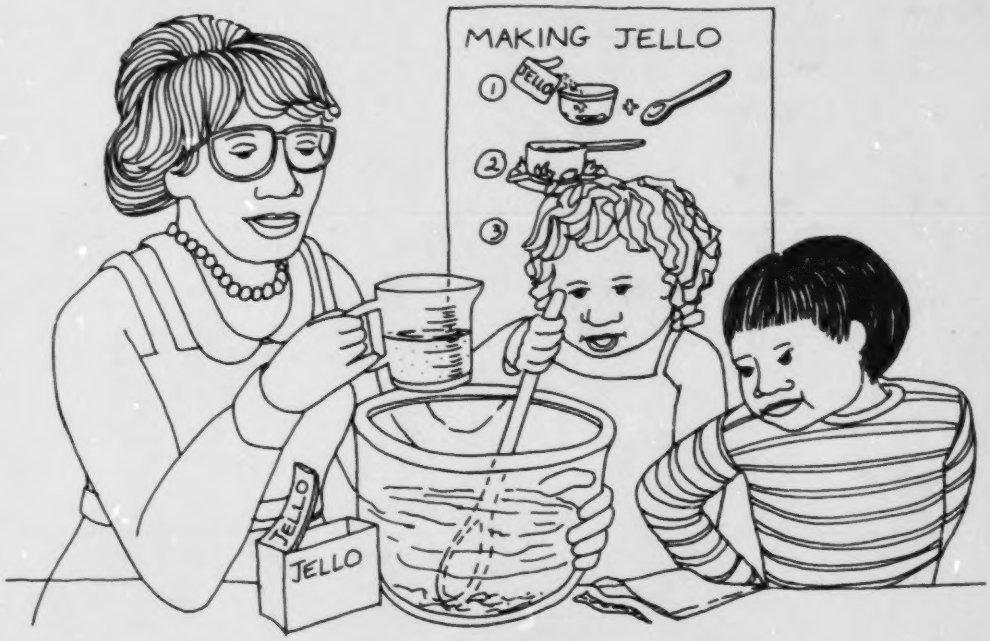
If you need to get something from another part of the preschool center, send a language or speech impaired child for it. This will teach him or her that he or she can carry messages successfully. If the child's speech is very difficult to understand, warn the receiver of the message ahead of time what the child will be asking for. In this way the child will feel good about his or her ability to carry a message.

After the cooking project is over, you might have the children draw pictures or write a story about what they did.

Cooking can be done with children once a week. In this way, children will learn to think about the activity in advance, and will look forward to their turn.

Use some of your cooking time to talk in a simple way with the children about good nutrition.

Sometimes it is fun to have the children who did the cooking tell the other children about the steps they followed. You can use picture cues to help the children recall the sequence of steps.



Music

Preparation

Decide on the objectives for each music activity. For example, if you want the children to learn to imitate gross body movements, choose songs that call for physical movement. If you want children to practice a specific language construction or a specific speech sound, select songs that contain that construction or sound. This may mean modifying a song in some cases, or even making up a new one. Let's say you want the children to ask "when questions." You could sing "Punchanello" and ask, "When do you sleep Punchanello-funny-fellow? When do you sleep Punchanello funny-do?" If you wanted the children to begin to use "and," you could take a song like "Paw-paw-patch" and have each child tell you two things that he or she could pick up in the "paw-paw-patch."

Conducting the Activity

1. Tell the children what the song is about. Then sing the song once or twice for them. Most songs are so repetitive that children easily learn the words.
2. After the children have gotten the idea, sing it section by section, with the children repeating each section after you. Then sing it once with the children from beginning to end.
3. Add movements to the words, if they are called for, by going through the song section by section again. Have the children repeat the words and movements after you. Then run through the whole song, with movements.

Tips

Keep the song as simple as possible in the beginning and then expand on it later.

In choosing songs, try to select those that involve some sort of body action, as these seem best suited to preschool children. If children have favorite songs, be sure to include some of them each day. Use songs that are socially and culturally relevant to the children.

Remember that children enjoy repetition and will gladly sing the same things over and over again. Good songs for children are ones that are repetitive and ones to which the children can add. Here is an example taken from "What Do You Do with a Drunken Sailor?"

What do you do with a sleeping (child's name),
What do you do with a sleeping (child's name),
What do you do with a sleeping (child's name),
Early in the morning?

Give her a (action) and she'll wake up,
Give her a (action) and she'll wake up,
Give her a (action) and she'll wake up,
Early in the morning!

If some children have difficulty paying attention at music time, it may be helpful to place them next to you or your aide.

Children who have difficulty understanding language may not understand the verbal directions in a song. First give these children a chance to follow the other children's actions, and then later perhaps they can lead.

There are many books that illustrate songs. These can be used as an introduction to the songs. Read the books through, sing the songs to the class, and then let the children join in. Try making a book to illustrate a song.

An enjoyable game to play with children, and a way to recall old songs, is to hum the songs for the children and see if they can guess what song it is.

Keep a list of songs that the children have learned and share this with the parents. Parents often like to ask their child to sing at home. Both the child and the parents will be pleased with the child's growing ability.

Playground and Snack

For children with any kind of language or speech impairment, these activities can help to increase the amount of talking they do.

For children who have language impairments, these activities can help to improve their:

- **comprehension**
- **ability to use language appropriately**
- **use of more complex language structures**
- **knowledge of specific language rules and constructions.**

For children who have serious articulation disorders, these activities can:

- **provide practice in specific speech sounds.**

For children who have chronic voice disorders, these activities can:

- **provide opportunities to use their voices correctly.**

For children who stutter, these activities can:

- **provide opportunities for fluent speaking experiences.**

Playground

Preparation

Outdoor play should be a part of every child's day. Children need to spend much of their time outdoors in free play. And while they are playing, teachers and aides have an excellent opportunity to work individually with children who are language or speech impaired.

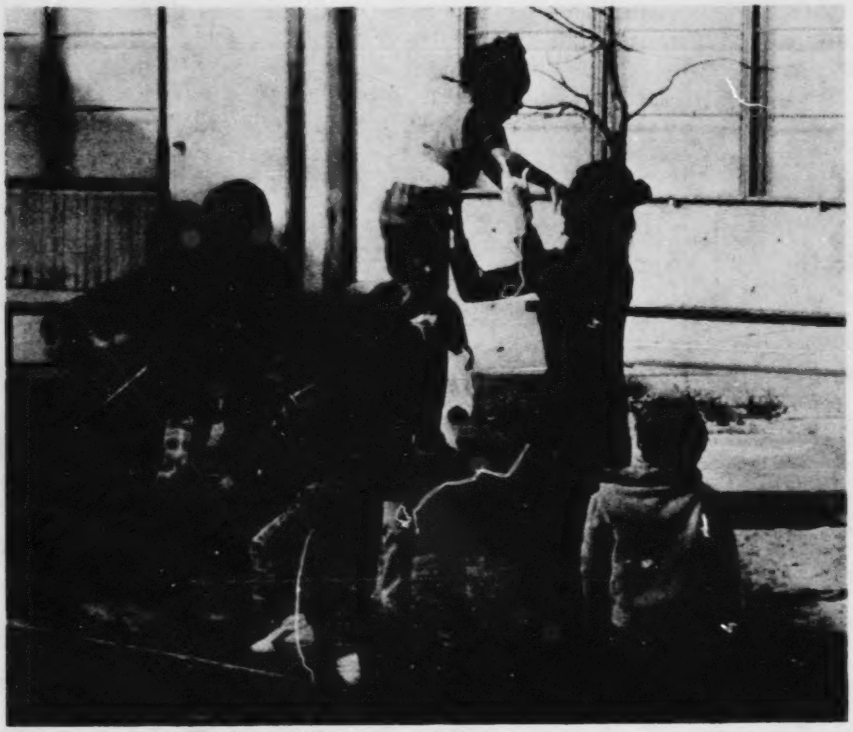
Conducting the Activity

1. Select a child to work with.
2. Watch what the child is doing.
3. Decide on a specific speech or language objective that you could model for the child while he or she is performing the activity.
4. If the child is playing with other children, include the other children in the game.
5. Repeat the model or desired behavior many times.
6. Make sure that *your* concern for the child's communication skills does not interfere with the children's play.

Tips

If a child is on a swing, you might use this opportunity to model sentence constructions like: "Rudy is swinging." "Litha is running." Or you could model concepts like **up** by saying things like: "Armando is swinging **up**." "Armando is going **up** high."

If the children are climbing and jumping, you might use this opportunity to model sentences like: "Shigeko is climbing **up**." "Shigeko jumped **down**." "Ronald is climbing **up**." "Ronald jumped **down**."



If the children are digging in the sandbox, you might model sentences like: "Ann's bucket is filled." "Jason's bucket is filled." "Who else's bucket is filled?" "Is Ray's bucket filled?"

If the children are running around playing tag, you might try to structure a game of hide-and-go-seek. Let each child have a turn hiding his or her eyes, counting, and finding the other children. If necessary, help them count, hide, and find one another. If they can do all that by themselves, so much the better.

Use opportunities like these to model or help a child practice speech sounds, also, if he or she needs work in this area. If a child is working on the **f** sound, you can ask, "Johnny, are you having fun?" and encourage him to answer using the word "fun," also. ("Yes, swinging is fun.")

Sometimes parents like to help with outdoor time. Any speech or language modeling you can do in front of parents during this time is likely to be carried over at home. It is better to *show* parents how to be a speech or language model than it is to *tell* them.

Repetition helps. Don't just say it once and expect the child to learn. Say it over and over again. Eventually, you may hear the child saying the same things.

Children who have voice disorders that are the result of vocal abuse may need to be reminded not to scream while on the playground.

Snack

Preparation

Often snack and meals can be used to introduce the children to new foods, such as foods from different cultural groups. Have everything you need on hand. It is a good idea to make up a chart of the different tasks involved in snack, such as passing cups and putting out napkins. Every day you can post a different child's name next to each task.

Snack and meals give you a chance to model specific speech or language patterns for the children: "Oh, you want more juice. Tom's juice is all gone. Can someone pass him more? Sally needs another carrot stick. Please pass me the cheese." Keep in mind the particular language constructions you want to model for the children during snack.

Conducting the Activity

1. Have snack at the same time every day, so that the children learn when to expect it. Have a set routine for beginning and ending snack. Make rules for seconds and help the children learn these rules.

2. Allow for as much talking, turn-taking, and sharing as possible.

3. Eat with the children, so that you can model appropriate mealtime conversation.

Tips

Snack and meals provide children with an opportunity to talk with one another.

If you do not like children talking with their mouths full, you can teach them not to do this. Sit with them and show them how to eat. Then talk to them and show them how hard it is to understand someone with a full mouth.

Let the children do as much serving and pouring as possible. Small plastic pitchers may save you from many accidents and help the children be more independent. Be prepared for some spilling, however.

One variation on snack is to set up an area that four or five children can use at one time. The children can then take turns sitting in a small group, talking and eating. The rule for using this snack area is that a child can sit down only when a chair is available. This system will work only if there is very close supervision for a few weeks. Use signs to tell the children what and how much to eat. For example, if children should only have two crackers, put up a picture of two crackers, and print below: **Two Crackers.**

4

Field Trips and Science

For children with any kind of communication disorder, these activities are most helpful for:

- **improving their understanding of the environment and their ability to talk about it**
- **increasing the amount of talking they do.**

For children with language impairments, these activities are most helpful for improving their:

- **understanding of the relationships between objects and events**
- **comprehension**
- **knowledge and use of vocabulary**
- **use of more complex language structures**
- **knowledge of specific language rules and constructions**
- **sequencing skills.**

For children with serious articulation disorders, these activities can:

- **provide practice in specific speech sounds.**

For children with chronic voice disorders, these activities can:

- **provide them with opportunities to use their voices correctly.**

For children who stutter, these activities may be helpful in:

- **giving them an opportunity for a fluent speech experience.**

Field Trips

Preparation

Plan field trips to relate to preschool activities. If you are working on weaving, for example, take the children to see a weaver. If the children are learning about their neighborhood, take them to the local fire station or police station. Field trips can be very simple. A trip can be a visit to almost anywhere. A walk somewhere in the neighborhood is often exciting and educational for children. Try to visit some places several times, so that the children can explore a few places in more depth and in different ways. Visiting parents' places of work can also be a good learning experience.

Make arrangements in advance. Make sure that the place to be visited has enough space to accommodate the number of children you plan to bring. You may want to include just a few of the children in the class for some trips, if this seems practical. But make sure all of the children eventually get a chance to go on these trips.

Also make sure that you will have enough adults along to watch out for the children, so that you do not have to spend the entire trip counting heads. Prepare the children ahead of time for the visit by reading books, using visual aids, and talking about the experience. Practice any special behavior that will be required, such as waiting in line, being unusually quiet, or moving quickly from one place to another.

Conducting the Activity

1. Allow plenty of time for getting ready. Rushing may make the children too excited.
2. Give each child a name-tag, and make sure that each adult knows the children for whom he or she is responsible. Be sure that the children all know which adult is responsible for them.
3. While on the field trip, talk to the children about what they are seeing. Explain new things to them in the simplest language possible. Let them try things for themselves, whenever possible.
4. After the trip, review the events with the children. What did they do? What did they see? They can draw pictures about the trip, write stories about it, act it out, or simply talk about what they did.

Tips

Parents may be able to join a field trip. Be sure to invite the parents of a child with a communication disorder to come along. This will give you an excellent opportunity to get to know the parents better and to model speech or language teaching approaches for the parent.

If possible, plan to spend some time with the parents of a language or speech impaired child after the field trip, so that you can share your observations of the child. Share some simple suggestions with parents on how they can follow up on the day's activity. Perhaps they can ask their child to recall some of the events of the trip or to draw a picture of something he or she saw.

Plan for all aspects of the trip. For example: What time should the group leave? How will you tell the children that you are ready to leave? If the children need to wait for things, what will they do while they are waiting?

If possible, bring along a camera to record the event. Pictures make it easier for everybody to remember details of a visit, and they help to stimulate discussion. It is great to use a camera that provides instant pictures so you won't have to wait for days to talk about the event. You might also use these pictures to provide practice in saying particular speech sounds and new vocabulary words, and to work on sequencing ("Which picture comes first? That's right — the one where we are getting on the bus. Which comes second?").

Science

Preparation

Science for young children includes activities that help them learn about their environment. This includes finding out about plants, animals, the human body, food, how things are made, and how things work. Help the children observe their environment more closely. Ask the children questions that will help them think about what they are seeing. Use books, movies, field trips, and ongoing classroom activities for teaching science.

Tell the children in advance about the activity, and include them in any preparations you are making. For example, if you are starting a fish tank, take the children to the store to buy the materials.

Plan many different ways for the children to explore each science topic. These should relate to other aspects of your program, like music, stories, and field trips. For example, to learn about fish, you can sing songs about fish, read stories about fish, show pictures of fish, and take trips to a fish store.

Conducting the Activity

1. Demonstrate the activity.
2. Assist any child who is having trouble.
3. Have a routine for cleaning up and putting away.

Tips

Let the children do as much as possible. For example, if you are planting seeds, let the children do the planting. It does not really matter if all the seeds do not grow.

If the science activity is messy, set up the work area so the mess will cause as few problems as possible.

Make sure you have enough materials for the whole class to take part. Set up the activity so that the children do not need to wait too long for their turns.

Talk to the children about what they are doing. Science activities are good for talking about similarities and differences, and for teaching about categorization or classification

If you have a camera, take pictures of the children in action. Later, use the pictures to review the activity. The children can also use the pictures to make up a story about their project.

Invite parents to come into the classroom and help the children carry out a science project.

If parents have jobs that relate to the science activities you are doing in class, consider arranging for a field trip. Children get very excited visiting their parents at work and learning about what other children's parents do.

Encourage children to bring things in from home to show and talk about (pets, shells, rocks). Some of these may be expanded into whole science units for the class.

Movement and Listening Games

For children who have language impairments, these activities are most helpful for improving their:

- **imitation skills**
- **sequencing skills**
- **comprehension.**

For children who have articulation disorders, these activities can help improve their listening skills, including their ability to:

- **recognize sounds and patterns of sounds**
- **hear differences among sounds**
- **reproduce sequences or patterns of sounds.**

For children with chronic voice disorders, these activities can:

- **provide opportunities to try out different voices and to use their voices correctly.**

For children who stutter, these activities can:

- **provide opportunities for fluent speech experiences.**

Movement

Preparation

Movement is a special way for children to express feelings, and a way for you to help children combine words with actions. Movement includes everything from acting out the words of a song to simply moving in time to rhythm. To prepare for movement activities, think of movements that you know the children can perform, and plan songs or games that involve these movements. Simple musical instruments like drums and rhythm sticks may help. Vary the activity by using a record player, if one is available. You will need enough space so that the children won't bump into one another. If the space is very large, set up boundaries so that the children stay together. It is best to plan for movement activities two or three times a week, unless there is a lot of movement during your music time. Plan to have movement when the children are rested and not too excited.

Conducting the Activity

1. Start movement time with something that is familiar to the children and that they seem to enjoy.

2. Do four or five different activities each time. Alternate movement activities with listening ones.

3. Stop the activity just before the children's attention begins to fade.

4. End each movement session with a quiet kind of activity.

Tips

Make sure that all your materials are close at hand so there is no need to leave the group to get them. Keep the materials stored out of the children's reach until you are ready to use them.

Be sure to talk to the children about what you and they are doing: "Let's see how quietly we can tap our feet. Now let's make our feet sound as loud as we can. Now let's do it quietly."

Watch the children's spontaneous movements in outdoor play, and include these movements in the activities you do in class. Play different rhythms for the children and see what types of spontaneous movements they can make. Be prepared to select different children's movements and expand on them.

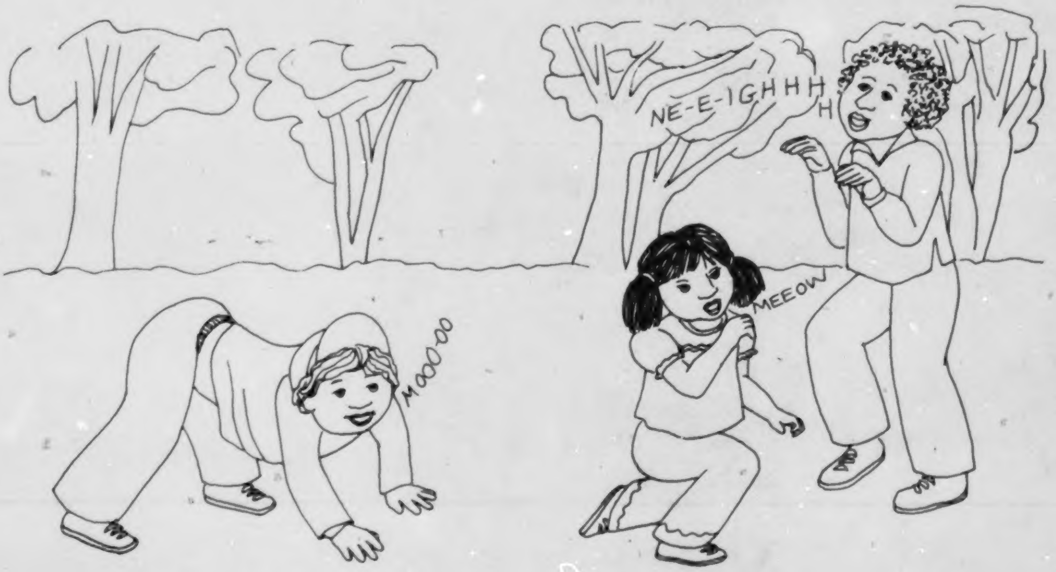
Make sure that each child has opportunities to lead as well as to follow other children's movements.

Have the children pretend to be different kinds of animals. Children always seem to have fun with this, and the movements can be quick or slow, depending on what animal you choose. For example, if the children are getting too active, do a quiet movement on the floor to calm them down. Try having the children pretend that they are snails moving very slowly, or that they are sleeping kittens.

Try some activities in which children do two different movements, like clapping and jumping, and also movements that are sequenced, like turning around and then swinging their arms.

A good activity for developing listening skills is to beat a drum and walk around in time to the beat with the children. Gradually increase the rate of the beat, until you are running with the children.

To work on vocabulary and concept development, it is helpful to say a word while making a specific movement. For example, raise your hand and say "Up." Or say "Jump" each time you jump.



Listening Games

Preparation

Children with speech or language problems often have difficulty hearing differences among sounds. In order to learn to say a sound correctly, a child needs to hear how it is different from other sounds. Learning to hear the differences among sounds is a developmental skill. It begins with learning to listen for differences among all kinds of sounds, not just speech sounds.

In order to help children develop their ability in this area, you can play many different types of listening games. Games used early in the year should be fairly simple. It might be best to start with environmental sounds (birds, cars, thunder). Later in the year you can go on to work on speech sounds, and the games can become more complex. These activities can also be used for reading readiness work.

Suggested Listening Games

There are a variety of listening games you can play. Following are examples of listening games that are fun for children and easy to organize.

Animal Sounds

Make different animal sounds and have the children guess what animal makes each sound.

Familiar Body Noises

Have the children cover their eyes while you make familiar sounds like coughing, sneezing, or clapping your hands. Have the children guess what they are hearing.

Familiar Environmental Sounds

A tape recording of familiar environmental sounds provides a grand guessing game. You can make a tape of a door slamming, a horn honking, a doorbell ringing, a phone ringing. At first you may need to show the children pictures of doors, cars, bells, and phones to help them guess. Later these can be eliminated.

Drums

Have the children listen and watch as you beat a pattern on a drum. Then have them copy it on the drum, one at a time. Start with a simple pattern like a **loud/soft, loud/soft,** or see if they can learn to make the same number of beats that you make.

Speech Sounds

Make two speech sounds and ask the children if the sounds are the same or different. For example, make the sound **s** and the sound **t** and ask the children if they are the same. At first the sounds should be very different. Later they can be more similar.

Words and Pictures

Make up a list of simple words that are the same except for the first sound in the word, for example: **hat** and **rat**. Collect a picture for each word and place the pictures in a pile. Then say one of the words and see if a child can find the picture of the one you said. Alternately, choose words that are the same except for the last sound, like **cat** and **cap.**

Rhymes and Pictures

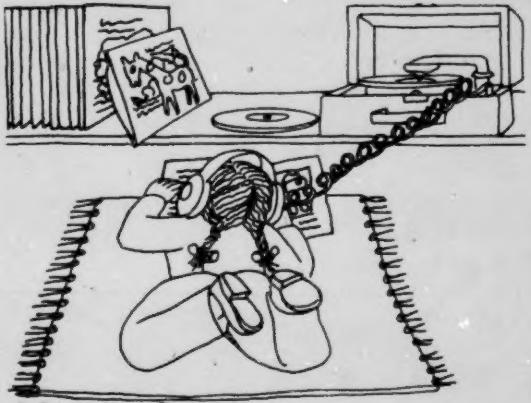
Use a set of picture cards of objects whose names rhyme. Have the children put the pictures of rhyming words into pairs.

Pick a Sound

Pick a sound for the children to listen for. Tell them the name of the sound, like **b**, and give them examples: boy, baby, and big. Then tell them a story that contains several words that begin with the **b** sound. See if the children can pick out these words.

Conducting the Activity

1. Make sure the room is quiet enough for the children to hear easily the sounds you are presenting.
2. Tell the children what you want them to do, and show them how to do it.
3. Let each child have several turns.
4. Praise children when they perform correctly.
5. Give each child a chance to be the leader, whenever possible.



A Listening Center.

Tips

If you are using noisemakers or other objects to teach listening, let the children play with them first. Once they have made the sounds, the children will be ready to play your game.

Teach parents and aides how to play listening games with the children. If an aide or parent can spend some time playing these types of games with the children on a one-to-one basis, each child's skills will grow more quickly.

Plan walking trips with the children, during which you point out different sounds. "Who heard the bird?" "I heard a horn honk." "What do you hear?"

If possible, let the children help you, your aide, or a parent make a tape recording of different environmental sounds.

Make a book to go with a tape you have made, and read it to the children.

Let the children take turns making different sounds for others to guess. Children love being the teacher.

Set up a listening center in the classroom. You will need a record player or tape player with headphones, and picture book/record or picture book/tape sets. The children can follow along in the picture books as they listen. A listening center can be very helpful to a child who is easily distracted or who has difficulty concentrating on specific sounds. And it is fun for the other children as well.

Art and Fantasy Play

For children with any kind of language or speech impairment, art and fantasy play activities are most helpful for:

- **increasing the amount of talking they do.**

For children with language impairments, these activities are most helpful for improving their:

- **ability to learn about objects**
- **knowledge and use of vocabulary and concepts**
- **understanding that pictures can stand for real objects and people**
- **ability to symbolize or pretend**
- **sequencing skills.**

For children who have voice disorders, fantasy play can provide them with:

- **opportunities to practice using different voices and using their own voices correctly.**

For children who stutter, these activities can give them an opportunity to:

- **have fluent speech experiences (especially since they may not stutter when pretending to be another person).**

Art

Some type of art project should take place every day. Provide enough materials for all the children. Put the materials in containers that the children can handle without a lot of adult help and that will keep the materials in good condition. (Dry clay or runny paint can ruin any project!) Children should wear smocks to protect their clothing. If the activity is a messy one, parts of the room or furniture may need to be protected as well. If you need sponges and towels, make sure they are close to the art area. Plan to make cleanup part of the activity.

Conducting the Activity

1. Put out the materials.
2. Let the children use the materials.
3. Introduce new ideas to expand on the children's work.
4. Make sure all the children help in cleanup.

Tips

Use safe, non-toxic materials.

Different children use art materials in different ways. Make sure you allow for this variation. One child may use sticks to make a house, while another will paste sticks on top of one another.

Each child's work should be respected. Praise the children for their efforts. There is always something nice you can say. "I really like the way you make the blue and green go together." "What beautiful colors you used." "You really spent time on that."

Children's early drawings are not representational. They are not pictures of things. Children begin by simply using the materials. As they get older, *they* see things in their work, and finally, they try to plan what they want to represent in advance.

Certain materials, like paste, tape, scissors, collage materials, and small amounts of paper, should always be available. Often children like to decide for themselves when and how they want to do a project.

In order to allow children to develop their artistic ability, make sure that most art projects allow the children to structure their own work.

A lot of talking goes on at the art table. Encourage the children to communicate with one another.

Help the children learn to ask other children for materials. Even if something is within your reach, ask, "Krissy, can you pass the paste to Jessica?" or, "I heard Kevin ask for the scissors. Can someone pass them to him?"

Encourage the children to talk about what they are doing. Model and expand upon what they tell you, and give them the opportunity to use the speech and language skills they have.

Talk about what the children are doing. For example, point out things that are big and little, long and short. Ask the children what happens to the clay when you stretch it out too long. Direct their attention to the location of materials. "The crayons are **in** the box." "Luke's picture fell **under** the table." "I'm going to put my painting **on** the drying rack."

Many art activities are valuable because of the process (what the children are doing and learning) and not the product (what they finally end up with).

Fantasy Play

Preparation

Most children use fantasy play on their own and enjoy getting involved in organized fantasy play. However, many children who are language impaired have difficulty pretending that one thing or person can be another, or that something is present if it is not actually there. You will need to plan ways to get these children involved. Start by providing props and a play area. The best props are household items, dolls, and trucks. Old clothes for dressing up will also encourage pretending. In the earliest stages of play, children use household items to pretend they are mommy or daddy or big sister. At a more advanced stage, children use dolls in their play and make the dolls perform actions. You can help language impaired children take part in fantasy play by joining in it with them. For example, you might say, "I see you are playing mommy and daddy. Can I help you do the dishes? You wash the dishes and I'll dry them."

Conducting the Activity

1. Let the children play with the props any way they wish.

2. Be prepared to get involved with the children while they are playing. Children who are language impaired often need this type of help. If some type of pretending does not begin spontaneously, offer a suggestion: "I'll be the father. Let's pretend we are cooking."

3. It may be necessary to model an activity to get some children started. For example, pretend to sweep the floor and then ask them to do it, too.

4. Expand on the children's play activities. For example, if the children begin to play birthday party, suggest that they wrap presents or bake a cake.

5. Be prepared to help the child add steps to a play sequence. For example, if a child is just holding plates under water, give him or her sponges and empty soap containers. Then see if you can get the child to pretend to wash the plates.

6. Help the children to use sequences of order in their play. "Okay, the doll woke up. Now she needs to get dressed . . . . She is all dressed; can we give her something to eat?"

7. Remember to step out of the play when the children are doing well on their own.

Tips

Fantasize experiences that are relevant to the children's home experience and culture.

Fantasy play is a good time to encourage children to use specific language constructions and particular concepts: "Tell the doll to **get up.** That's right, dolly, **get up.**" Or, "Ask the doll if she is thirsty. Give her some juice. Can the doll ask for **more** juice?"

Some parents become concerned when they see their children playing certain roles, for example, boys pretending to be girls. Explain to parents that children normally play lots of different roles, and that this type of play is a necessary part of working out who they are. Role playing is also an important way for children to work out issues concerning authority.

Add one or two new props from time to time, to make the children's play more complex. Pictures of different activities may be helpful.

Classification Activities

For children with language impairments, classification activities can be most helpful in:

- **improving their ability to categorize objects**
- **increasing their knowledge and use of vocabulary.**

All children, including those with communication disorders, need to learn to make generalizations. They need to learn to look at things and think about the ways in which they are alike. Once children are able to classify, they can use old experiences to help them deal with new ones. For example, they do not need to learn what a chair is every time they see a different type of chair. There are many similar features in all chairs, and children learn to recognize these particular features or properties. Learning to make generalizations and to classify is a developmental skill. The following is a list of classification tasks, ordered from the easiest to the most difficult.

1. Sorting objects that are physically similar (knives in one pile; spoons in another).
2. Sorting objects that function together (toothbrush and toothpaste; comb and brush; sock and shoe).
3. Sorting objects on the basis of one feature (big objects in one pile; small objects in another).
4. Sorting objects on the basis of more than one feature (red adult clothing in first pile; red children's clothing in second pile; blue adult clothing in third pile; blue children's clothing in fourth pile).
5. Completing sets of objects by adding objects with the same feature (adding a red ball to a group of red objects).
6. Completing sets of objects by adding objects with two or more similar features (for example, adding a green ball, a green plastic plate, and a green paper circle to a set of green, circular objects).

Preparation

Collect materials for classification. For the first activity, you will need similar objects, some of which look the same (such as assorted silverware). For the second activity, you will need assorted objects, some of which function together (see 2 above). For the third activity, you will need different objects, some of which share one feature (such as assorted objects, some of which are large and some of which are small). For the fourth activity, you will need different objects, some of which share more than one feature (see 4 below). For the fifth activity, you will need different objects, some of which share one feature (such as a red ball among a group of other objects, some of which are red). And for the last activity, you will need different objects, some of which share two or more similar features (such as green, circular objects among a group of objects of different colors and shapes).

Conducting the Activity

1. Put out the necessary materials.
2. Explain the task to the children as simply as possible. Start with an activity that falls under the first category of classification tasks (sorting objects that are physically similar).
3. While the children are sorting, talk to them about their work.

4. Once children have mastered a number of these exercises, move on to the second category. Continue with the remaining categories.

5. Give the children plenty of time and practice to master each type of classification activity. Make sure that they understand each type of classification task before moving on to the next one.

Tips

When you begin teaching children sorting tasks, use objects instead of pictures. Objects are easier to sort.

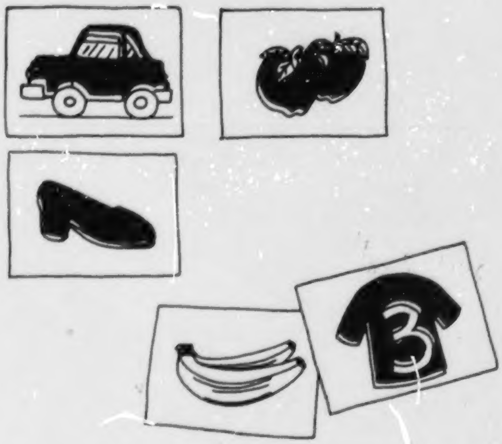
It is easier for children to sort on the basis of physical properties (color, shape, size) than on the basis of attributes (things to play with, ride in, wear).

To teach the prerequisite matching skills you could use beads of different sizes, colors, and shapes. Make strings of beads and have the children copy your string. Talk to the children about what you and they are doing. First have the children sort by color, then by shape, and finally by size. After the children can copy these types of strings, have them copy patterns. Gradually increase the complexity of these patterns.

After the children can copy complex patterns, ask them to find all of the beads that are alike in some way and string them. When they have finished their strings, ask each child to explain how the beads on his or her string are alike.

Talk to the children while they are sorting: "Tell me what you are doing." "Why did you choose that one?" If the child does not respond to your questions, model the correct response and ask the child to repeat it. Help children learn the names for the properties of objects by giving them the names while they are working: "Yes, Timmy, you are putting all the *big* ones over here." "Michael, you have a lot of different kinds of *vehicles* in your pile."

To do the set completion tasks (the second two categories), put out a series of pictures like those shown below.



Have the child choose the picture that completes the series. By adding to the number of similar features among objects, the task can be made more and more complex.

One activity with many variations is to have the children place their shoes in a pile in the middle of a circle. Ask the children to do some of the following tasks:

- Put all the blue shoes in one pile.
- Put all the red shoes in one pile.
- Put all the shoes that have laces in one pile.
- Put all the brown shoes with laces in one pile.
- Put all the shoes into piles of their own choosing.

In addition to classification activities, you can do association activities. Children can be taught to associate related objects, such as shoe/sock, toothpaste/toothbrush, comb/brush.

Independent Activities for Building Cognitive Prerequisites

For children who have language impairments and who are not yet talking, these activities can help to develop pre-language cognitive abilities.

Preparation

The observational checklist in Chapter 3 describes behaviors that are necessary for language learning. These behaviors include paying attention, imitating, and demonstrating an awareness of object permanence and of how to use objects. Refer to that section to determine a child's level of development. While you can help children develop these skills in almost all classroom activities, some individual help may make an important difference to children who are language impaired. Plan for ten to fifteen minutes of individual work each day. Either you or your aide can work with a child. Since many children cannot work for a full ten or fifteen minutes, begin with the child's attention span and increase the amount of time gradually. Try to make the activity as much fun as possible by planning different ways to present it.

Recognize that it may take many weeks for a child to learn a new behavior.

Conducting the Activity

1. Select a behavior appropriate to the child's developmental level.
2. Show the child how to do the activity.
3. Praise the child for his or her attempts.

Tips: Imitation Skills

Use games like "Simon Says" to increase children's ability to imitate. Start each game by having the children imitate actions that they can see themselves do, like clapping their hands or stamping their feet.

For children who cannot imitate what you do, imitate what they do. Again, start by imitating actions they can see themselves do.

Use a mirror in your imitation games to help the children begin to imitate actions they cannot see. "Jim, let's look in the mirror, and you do what I do. Stick out your tongue."

Sometimes include another child in your imitation games. The other child can act as a model and also make the game more fun.

Tips: Object Permanence

To help children develop the concept of object permanence, try hiding games. Begin at the level of each child. If a child can find objects that are partly hidden, make sure that you do not completely cover the object. Then gradually cover more and more of the object.

As the children become more successful at finding objects, let more time go by between hiding and finding. For example, if children can find something immediately after it has been hidden, have them wait 30 seconds before finding the object, then a minute.

Let the child hide and find objects, too. It is easier for children to find things that they have hidden themselves than it is to find objects you have hidden.

Be sure to show the parents what kinds of activities you are doing with their children. After watching you play, they may try similar activities with their children at home.

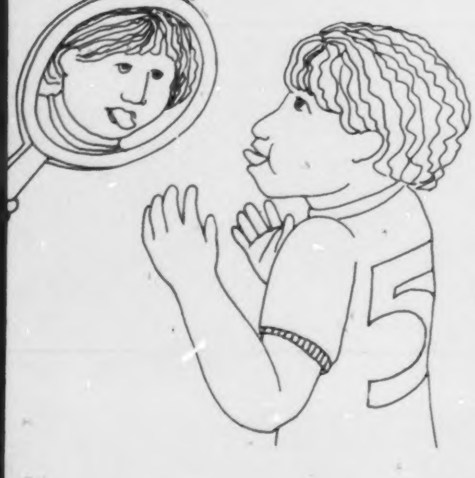
A very simple activity for developing the concept of object permanence is to have a child put things into a box one at a time and then take the things out, while you talk about what he or she is doing. "Let's put these blocks in the box. Here is a block. Here's another block. Here's another block. The blocks are all gone. Now let's take them out. Here's a block. Give me another block. Give me another block."

Tips: Use of Objects

One way to teach children about the use of objects is to use fantasy play. Pretend with the children that they are drinking from cups, stirring in cups, pouring from cups. Talk about what you and they are doing.

After the children have learned to perform actions on objects, encourage them to pretend their dolls or other toys are doing these things. "Can you give the dog a drink?" "Let's make the fireman stir the soup." "The doll is tired. Let's put her to bed."

Some children learn object permanence best if you hide food. Other children seem to pick up this concept most easily when they are searching for people. Assess each child's ability to find each of these types of objects (things, food, and people) and help him or her master each exercise.



Use a mirror when working on actions the child cannot see.

One-to-One Correspondence

This type of activity teaches children that any two sets of objects are equivalent if they contain the same number of objects.

For children who have language impairments, learning about one-to-one correspondence is effective in helping them to learn to talk about quantity and to increase their knowledge and use of vocabulary.

Preparation

Preschoolers need to learn about one-to-one correspondence before they can deal effectively with numerical operations. Children learn the concept of equivalent sets gradually. First they learn to match objects that are alike. For example, given a row of objects (like a coat, a hat, and a scarf) that are arranged in a certain order, the child must arrange another coat, hat, and scarf in the same order.

After learning to do this kind of task, children can learn one-to-one correspondence between two sets of related objects, like bowls and spoons. For example, given a row of bowls and some spoons, the child can learn to arrange the spoons so that every bowl has a spoon. It is best to keep the presentation of these activities short and to plan on doing them once or twice a week.

Conducting the Activity

1. Put the objects out where the children can play with them.
2. After they have had a chance to explore the objects, tell them simply what you want them to do, and show them how to do it.
3. Let each child in the group have a chance to perform the activity.
4. Praise the children for their efforts.

Tips

Set up the activity so that each child has a chance to do the object manipulation. For example, let each child arrange it so that every bowl has a spoon.

For a matching task, have the children hang clothes on a clothesline exactly as you have hung clothes on a line. Or have the children set objects on a shelf in the same way that you have, or line up cars and trucks at the gas station pump in the same way you do. Say the names (or have the children say the names) of the objects they are working with.

For a correspondence task, you might have one child give each of the other children a hat to wear, or a coat to put on. Or when children are playing in the doll corner, you might suggest that they take out enough cups for all of the saucers.

Once children have mastered the above activities, you might take the objects, put them in two piles, and add an object to one of the piles. Then ask the children questions like, "Are there still enough bowls for every spoon?" No matter what the children answer, have them find out if they are correct by sorting the bowls and spoons again.

Talk with the children about what they are doing. For example, ask them:

Which pile has more?
How do you know that pile has more?
How many are in each pile?

Chapter 5:

Parents and Teachers as Partners

5

Parent involvement is the cornerstone of a successful Head Start program.

One of Head Start's unique achievements has been the involvement of parents in the education of their children. Parents are the primary educators of their children, and their involvement is the cornerstone of a successful Head Start program. This partnership is even more important in the education of a child who has special needs, for the following reasons:

- ***Parents know their child's strengths and limitations better than anyone else. They can help a teacher understand and plan for their child.***
- ***Parents are their child's first and most important teachers. They are also the teachers who will stay with their child the longest. The importance of parents in a child's development of speech and language skills cannot be stressed too much.***
- ***A joint family/teacher effort is essential for developing the best possible program for a child to ensure that the child will benefit as much as possible from the Head Start experience.***
- ***Head Start may be the first preschool experience in which the child and parents will participate. Making it a successful experience will have positive effects on the child's school years to come.***

Parents as Decision-Makers

Head Start has always considered parents important decision-makers for their child, because they are the main influence on the child's development. Parents need to reinforce what you are teaching in preschool if maximum progress is to be made. Changes that take place in a child through your efforts, through the efforts of specialists who provide services, and through the experience of mainstreaming affect parents. For all of these reasons, it is important that the parents participate directly in what you are trying to accomplish with their child in the Head Start program.

Direct parent involvement in decisions affecting their child is essential. You and the parents should decide together what and how to teach the child, and what efforts should be made at home. Parents should participate in decisions involving formal assessment and diagnosis of their child, and in the selection and arrangements for any special services that are needed. They should be a part of any decisions that are made as a result of the assessments of their child's progress.

One of the major areas in which parents are needed as decision-makers is the development of an individualized education plan for their child. This plan is a written statement developed in meetings of the diagnostic team, the parents, and the teacher. It spells out the educational goals for the child, the activities that will take place in the classroom, the involvement of parents, the special services that will be provided by other agencies, and the details of the evaluation procedure. Parental consent is required by law at two points: to give permission for the diagnostic process to take place, and to give permission to put into effect the individualized education plan that has been developed for the child. This requirement is intended to guarantee that parents have their rightful say in the education of their child. The rest of this chapter discusses specific ways in which parents can help in the education of their child, and provides guidelines for teachers in working with the parents of children with special needs.

What Parents Can Do

Helping Your Child

As parents, you are the first and most important educators of your child. You can help in your child's education in a number of ways, both at home and in the classroom. You might begin by taking the following steps:

Parents can help their child by getting to know his or her teacher.

1. Get to know your child's teacher. Give him or her a realistic idea of how much you can do. Take into consideration the amount of extra time you can afford to spend working with your child. Discuss with the teacher ways you can organize routine home events so that your child is engaged in constructive activities, even when you are not directly participating with your child.

2. Recognize that you have a tremendous influence on the growth and development of your child. What you do *does* make an enormous difference. Try to participate in your child's learning as much as possible.

3. Seek guidance from the child's teacher or speech-language pathologist if you are not certain how to use everyday events at home as speech or language learning experiences for your child. The teacher may be able to suggest specific activities you can do with your child to help him or her learn necessary skills.

4. Build on Head Start's firm commitment to a partnership with parents. You aren't alone in your efforts to help your child. You now have partners who can help promote the well-being and development of your child — the teacher and other staff members in the program, as well as agencies and public school resources in the community.

The next section discusses how to prepare your child for the Head Start program, some things you may find helpful to discuss with the child's teacher, and how to use everyday events in the home to foster your child's development.

Preparing Your Child

You can help both your child and the program staff by preparing the child for the Head Start program. Just before the start of class, bring your child to the Head Start center. Introduce yourself and your child to the teacher and other staff members. Encourage your child to explore the classroom and to play with some of the materials. Try to make sure that your child has a good time during this visit.

If your child is difficult to understand, it may be helpful to put together a word list for the teacher before the child begins the program. List the child's "words" for milk, juice, cracker, potty, jacket, and other words used frequently in preschool. In this way, the teachers will be prepared to figure out what the child is likely to be saying.

Some children may be frightened at first about leaving home. You and the teacher may want to discuss whether it would be helpful to your child if you remained in the classroom during the first few days. At some point your child will have to feel comfortable in the classroom without your being there. This takes more time for some children than for others.

A little bit of home at preschool and a little bit of preschool at home go a long way toward helping children feel comfortable and secure. Perhaps at home you could hang some pictures of the classroom or the teacher. Or your youngster could be sent to class with a favorite toy or familiar object from home, to increase his or her feelings of security.

Try to have your child arrive in class on time. It is better for the child to start in on the day's activities with the other children than to come in late and not know what to do. Let the teacher know of important events at home that might influence the child's behavior in class. These special events may be happy times (such as birthdays, a family visitor, or a trip), or unhappy times (such as death, illness, or disruption in the family routine). The teacher can help your child understand these experiences.

Understanding Skill Areas

You may feel that you need help from the teacher in understanding your child's communication problem. Don't hesitate to approach the teacher for this help, or for help in figuring out ways to use daily home activities to teach your child.

Describe to the teacher an average day at home, in order to learn how you can use these everyday events to help your child.

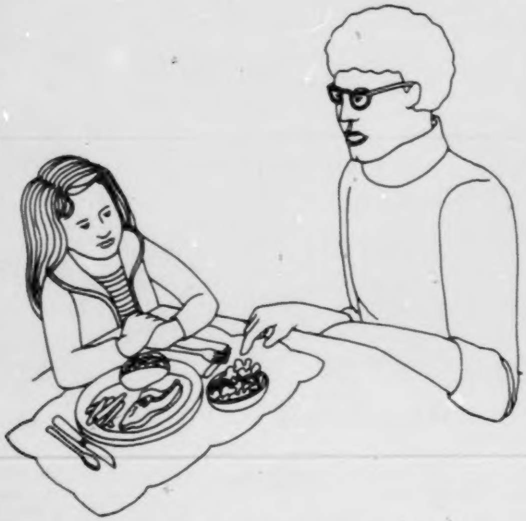
Try to talk frequently with the teacher in terms of specific skills. Exchange suggestions. If your child is living with both parents, both of you should try to get involved in conferences and conversations. Each parent may have a different perspective.

Ask to see for yourself what the teacher does and how he or she does it in the classroom. You might even want to try practicing skills with your child in the classroom. Sometimes it is better for you to practice by working with a child other than your own. Either way it will give you both practice and an opportunity to exchange ideas with the teacher.

Additional Effort

All young children learn by having different experiences and by trying things out. This means that your child needs to be involved as much as possible in daily activities at home, just like other children. If it's good for a non-handicapped child to help set the table, then it's good for a language or speech impaired child. Any activity the child can be involved in can go a long way toward helping him or her build self-confidence and competence.

You will probably have to make some additional effort to help your child become actively involved in daily events. Work out with the teacher what you can realistically do, but be aware that extra effort is necessary.



Home speech and language activities can be built into the daily routine.

Home Activities

Activities at home should be as enjoyable as possible for the child and for the family. Don't overburden yourself or your child. Ask the teacher to suggest things that can *easily* be built into the daily routine, such as talking to the child as you help him or her dress, or naming the foods the child is eating.

If you are able to take a more active teaching role at home than the teacher has suggested, ask for extra ideas for things you can do. Talk with the teacher about what you like to do with your child and about what the child likes to do at home. These activities can all be used as learning opportunities.

If you would like some specific activities to do at home with your child, look over the activities in Chapter 4 or the home activities in this section. Remember, however, that you need not be a formal teacher for your child. Often the best way to help your child is to be loving and supportive, and to use the daily routine as a way to teach the child. All of the things that you do at home can be used to help the child with special needs learn more about the world and develop communication skills. Understanding and learning about everyday, ordinary events are important ways in which children develop language.

Techniques

If you wish to work with your child at home, you may find it helpful to find out about the teaching techniques that are used with children who have speech or language impairments. Chapter 4 of this book includes a section on techniques. You might discuss them with your child's teacher and ask him or her to demonstrate them, if necessary. These techniques show you, among other things, how to model and expand utterances for your child or how to respond to your child's stuttering. Once you feel comfortable with these kinds of techniques, you will be able to use the daily routine more spontaneously and easily for speech and language activities.

To help your child in a slightly different way, you might ask the teacher or speech-language pathologist who works with your child to set up daily home practice sessions. Regular daily sessions give the child an opportunity to use a particular skill that is being worked on in class or in speech-language therapy. Structured home practice sessions should be kept short, though, to avoid making the sessions a chore for the child, and too time-consuming for you.

Alternately, you might consider inviting the teacher to pay a home visit so that you can see how the teacher works with your child on an individual basis. Ask the teacher to bring a book, toy, or activity plan to use with your child while you watch. The item could be left with you for several days so that you can try working with your child in the same way.

The following tips are specific to the various language or speech impairments.

Tips

If your child has a **language impairment,** don't expect him or her to talk too much, especially at first. Learning language is a gradual process. Home activities combined with preschool and therapy can help the child improve, but progress is often very slow.

If your child has an **articulation problem,** don't expect him or her to pronounce every sound correctly once speech therapy begins. Therapists work on only a few sounds at a time. Check with the speech-language pathologist to find out what sounds the child can be expected to say correctly at a given time. Most children don't say all the sounds correctly until about age seven or eight.

If your child has a **stuttering problem,** try to be accepting of his or her speech pattern, and give the child time to say what he or she wants to say. Listen to what the child is saying, rather than to the stuttering. Avoid calling the child a "stutterer," and don't talk constantly about the problem. Labeling a child in this way can make him or her feel like a poor communicator, and will do nothing toward helping the child's speech improve.

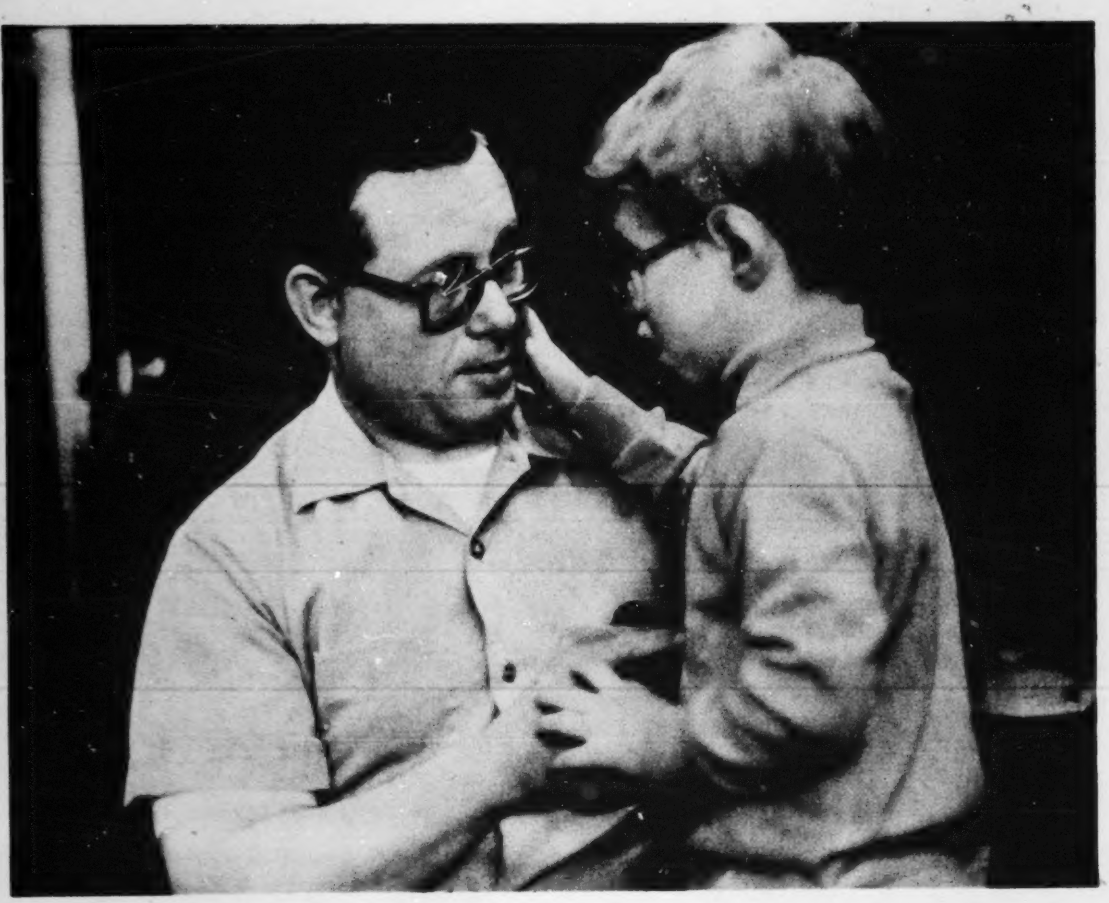
If your child has a **chronic voice disorder** (particularly one caused by overuse or abuse of the voice), provide good examples of correct voice usage. Discuss with your child how to talk without overusing the voice or screaming. Remind the child, without too much nagging, when he or she is not using the voice correctly.

Finally, with all children, avoid criticizing their speech or language too much. Listen to *what* they are saying, rather than *how* they are saying it.

The next four sections discuss what you can do at home to help your child develop communication skills.

1. Using the Daily Routine

Use the daily routine to help your child develop language. For example, you can describe what you're doing when you turn on the lights, set the table, or make the bed. You can name the child's pieces of clothing as you fold the laundry. You can point out and talk about objects and events in the house and outside. You can also tell the child to help you by doing simple chores, like putting the napkins by each plate, passing the cookies, putting clothes in the laundry basket. Talk to your child about what he or she is doing as the child does it: "Now Jenny is putting the cookies on the plates. One cookie, two cookies, three cookies. There. It's all finished. Good job." Brothers and sisters can use this technique with a language impaired child as well.



Don't expect the job to be done perfectly the first time, or even the second. With patience and affection you can help your child to improve over a period of time.

Be consistent in what you ask your child to do. If it is reasonable to expect a child to hang pajamas on a hook in the morning, then you should expect the child to do this every morning.

Expensive toys or materials aren't needed to help children learn. The kinds of things that are in all homes are all good teaching aids. Pots and pans can be used as rhythm instruments, they can be stacked or nested, or they can be sorted. Socks can be matched by color, counted, and folded together. Pictures can be named or used to tell stories.

Try not to feel hesitant about working with your child. This is not a role reserved only for classroom teachers. At home, *parents* are a child's teachers. You are in a natural position to help your child learn. You have been teaching your children from birth and you have much to offer.

Most speech or language impaired children need more, not less, stimulation from people around them. A good and simple way to achieve this is for you and other members of the family to talk to the child about what you're doing as you do it. **Talking to a speech or language impaired child is very important.**

If your child has a speech or language impairment, use **short sentences** to explain things to him or her, and talk slowly and clearly. Give your child practice in listening and talking by discussing in a simple way events that take place each day. In this way the child can begin to learn the language of getting up, getting dressed, eating, going for walks, going for a ride, going to preschool, taking a bath, and going to bed.

2. Other Home Activities

The following list provides more ideas for home activities that will help a child with a speech or language impairment. In fact, these activities can be helpful and fun for any child.

Confusion and failure can result if you try to do too many different activities with your child too soon. As you work with your child, you will recognize when he or she has had enough. You can help teachers recognize this limit, too.

Books

Read books to your child as often as possible. As you read, show the child the pictures and talk about them. Ask the child questions about the story that he or she can answer. When the child cannot answer a question, supply the answer for the child.

You don't have to stick to children's books. Any books or magazines with pictures in them can be looked at and discussed.

You might also make a book with your child, containing pictures of objects to name. If the child is learning to say a particular sound, put in pictures of objects whose names begin with that sound.

Rhyming, Singing, and Verbal Games

Read nursery rhymes and sing songs to the child. The child will soon join in with you in some way, possibly singing parts of the song or saying the words at the end of each line.

Play naming, counting, or rhyming games with the child. This can be done as you and your child fold clothes, put away groceries, or look at objects in a room at home.

Trips

Take the child on trips. This could be a short walk or a ride in a bus or car. Later, help the child remember what happened and draw a picture of where you went. Talk about the trip. Don't think only in terms of special trips. Even a walk to the grocery store can be used in this way.

Movement Games

Play imitation games like "Simon Says" or "Follow the Leader." You may imitate actions, sounds, or even words.

Play games in which the child follows directions or carries out requests. "Giant Steps" is a good example. You can create this type of game out of doing anything in the house.

Listening Games

Play listening games at home or outside in the neighborhood. Tell the child what each sound is, and listen carefully to it. Then see if the child can recognize that sound when he or she hears it again (for example, a car horn, a jack hammer, or a bird).

Sorting Games

As you do things with your child around the house, teach the child to categorize. For example, when putting away toys, ask your child to help you separate the toy cars from the dolls and put them on different shelves. As you do this, talk about what you are doing.

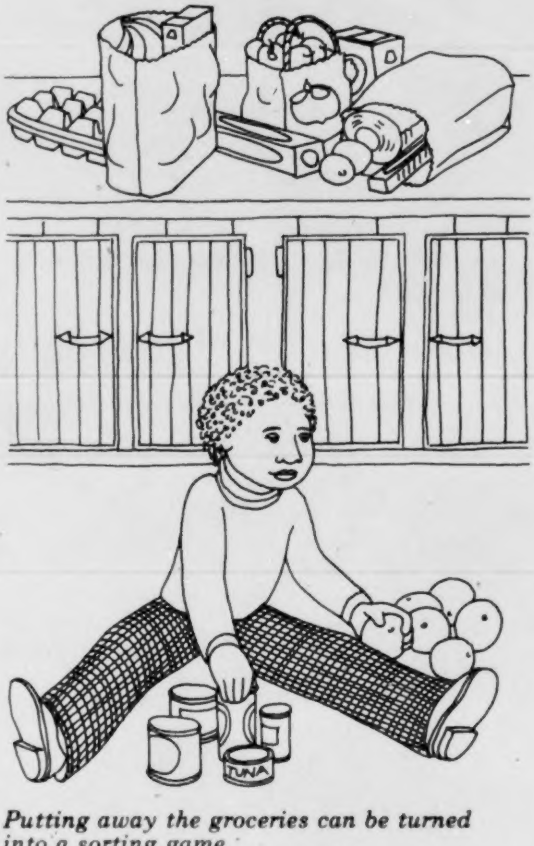
Quiet Talks

Set aside five or ten minutes of each day for a special time when you and your child can be alone together for a quiet talk. This can be wonderful for a child, and is often a relaxing time for the parent as well.

3. Fostering Independence

Help your child become as independent as possible. It is tempting for all of us to do things for children that they could do on their own, since we can do them faster and better. But it is very important for children with special needs to learn to do as much as they can by themselves. Independence helps children feel good about themselves and improves their ability to get along with others.

It is also important to realize that a child cannot become independent when parents, relatives, sisters, brothers, or friends are constantly "interpreting" for the child. By getting into the habit of filling the child's requests before the child tries to say what he or she wants, or by responding to gestures, signals, or pointing, you are not helping the child become more independent. Give the child a chance to rely on his or her ability to make needs known.



Putting away the groceries can be turned into a sorting game.

4. Praise and Encouragement

We all benefit from honest praise. Praise program staff honestly for their efforts with your child, and ask them for feedback on your work with the child. Remember also to praise your child's achievements. For some children, even small tasks can take a lot of time to master. Learning to say a sound correctly or to talk in two-word phrases represents real progress and deserves real praise.

Praise the child when the child shows that he or she understands a question or a statement. Praise the child when he or she tries to use words. A child with a language comprehension problem deserves praise, for example, for following two-step directions such as, "Put your clothes in the drawer and bring me your shoes from under the bed." If this proves to be too much for the child to respond to at one time, praise him or her for following one direction: "Thank you for putting your clothes in the drawer. Now bring me your shoes from under the bed."

Praise the child for trying, even if failure or mistakes result. Continued effort is essential for children with special needs, who have many obstacles to overcome. Repeated and steady encouragement will help the child to keep on trying.

It is important, however, that your praise be honest and that your child has done something to earn it. Children are very good at recognizing insincerity. If you praise your child at times when he or she has not been trying or has not mastered something, the youngster will be confused and will not understand what your expectations are.

Share with the teacher the child's progress at home. Ask the teacher to share results with you. Everyone involved should understand how the child is functioning and share pleasure at the child's progress.

What Teachers Can Do

Guidelines for a Partnership with Parents

Parents of children with special needs are as concerned about their children as any other parents, if not more so. You may want to keep in mind the suggestions below as you talk with parents.

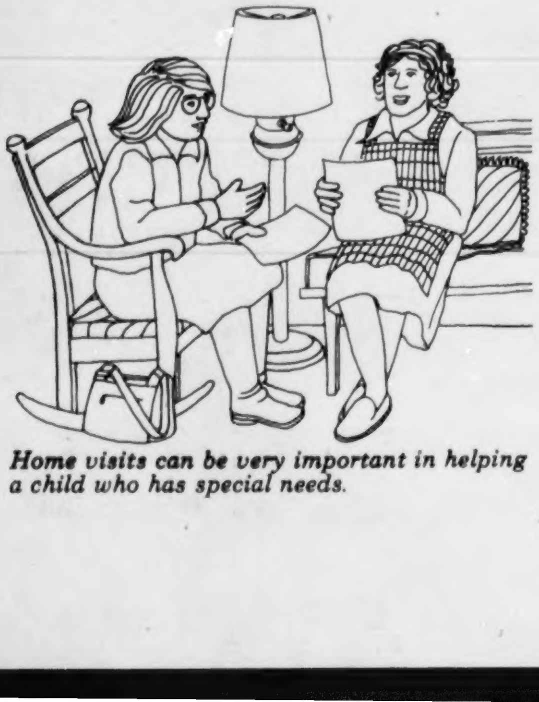
1. Establish and Maintain Contact

Describe the Head Start program to the parents. Invite them to observe and participate in the classroom. Plan appropriate educational objectives for the child in conference with the parents. Ask what objectives they have for their child and take these into account. It is important for you to let the parents know what some typical behaviors are for children the same age as their child, in order to help parents establish realistic objectives. For example, most four-year-olds are able to use three- and four-word sentences.

In working with parents, you will find it helpful to phrase questions in a way that communicates your sincere interest in their child's needs, but that does not seem to find fault or blame the parents for their child's problem. For example, avoid questions such as "What are you doing to help Barry at home?" This question implies that the parent *should* be doing something, and that if something is not being done, it is the parent's fault. It also implies that if progress is not made, then part of the blame falls on the parents for not having done something at home to help their child. Instead, state the question this way: "What do you see as Barry's greatest need?" Or supply a fill-in-the-blank statement such as "The thing that concerns me most about Allessandro is ________," or "What I want more than anything in the world is for Seena to be able to ________."

Review the short- and long-term objectives you have set up with the parents at least every three months, or whenever needed.

Although at least two home visits a year are required in Head Start programs for all children, you may need to make more visits if a child has special needs. Maintain contact with the parents as often as you can. Visits, phone calls, notes, and sending children's projects home with them can help parents be aware of the skills their child is learning. As with any child, don't contact parents only when there is a problem. Ask yourself, as often as you have time, "What did the child do today or this week that shows some progress or enjoyment? How can I find time to tell the parent, along with everything else I have to do?" Some teachers and parents send a notebook back and forth each day or so.



Home visits can be very important in helping a child who has special needs.

2. Know the Family's Limits

Everyone has a personal limit on how much he or she can do for a child in the classroom and at home. Get to know families well enough to understand these limits. Make sure that the suggestions you give them for working with their child can easily be included into the family's routine. For example, ask parents to talk to their child as they help him or her dress, to name the foods the child is eating, or to give the child simple things to do (like putting a spoon by each plate). Look for realistic ways to stretch the parents' limits. For example, suggest that an older sister or brother could become a "parents' aide." Encourage parents to visit and participate in your classroom as much as possible.

3. Focus on the Child's Education

Families of children with special needs may have all kinds of feelings about having a child with problems. Some may feel angry, some guilty, and some embarrassed. Some may feel that they have a special responsibility to protect their child from all problems and frustrations, and therefore may expect much less from the child than he or she is really capable of. Some parents may need the help of a psychologist, a social worker, or a counselor in learning to accept and deal with these feelings.

While you can be supportive and sympathetic, you haven't been trained to be a social worker and should not try to take that role. If you are concerned about a child's parents, you might suggest that they talk to people who can help them work through their feelings. Your main role is to be the teacher of their child. You should concentrate on the child's education and development.

4. Recognize and Deal with Your Feelings

Be aware and honest with yourself about your own feelings toward a language or speech impaired child and his or her family. Negative feelings, such as blame, anger, sorrow, nervousness, and fear, are understandable, but they can interfere with effective teaching. Getting to know the child and the family helps to reduce some of these negative feelings.

Think positively about children with special needs. Focus on what the children can do, not on what they can't do. Consider the child someone who can grow, learn, and improve, no matter how severely impaired. Most of us feel better about ourselves when people look at our strengths rather than our weaknesses.

5. Be Reassuring, but Be Honest

You may have a child in your class who is about to be evaluated or re-evaluated. The parents may be worried or upset at such a time. You may be tempted to tell them not to worry, that everything will be fine. It is natural for you to want to soothe their anxiety. However, you shouldn't tell them these things because you don't know if things really *will* be fine. A false sense of confidence can be hurtful. Be reassuring, be calm, be understanding — but be truthful.

Parents may ask you questions about their child's problems that you don't know the answers to: "What's wrong with my child?" "Will my child learn to talk like other children by the end of the year?" Don't be afraid to say that you don't know the answers, but help the parents find someone with whom they can discuss their concerns. The speech-language pathologist working with the child might be appropriate. Or your social services personnel should be able to help you find people who can answer some questions. The answers to other questions (such as, "What will my child be able to do when she grows up?") are often uncertain and complicated. Beware of people who have easy answers.

Some parents need reassurance and evidence that they can help their child. Help them recognize the many things that they already teach their children, and tell them about all the things they are doing well.

Concerns of Parents

Parents of Children with Special Needs

Parents of handicapped youngsters often have special concerns. In general, it is wise for you to wait until they bring up these problems, rather than to suggest what the problems might be. Otherwise, you could be creating a problem that they have never felt.

Reading about some of the concerns that parents of children with handicaps often have should help you understand what some parents mean when they hint at a concern without actually saying it.

Enrollment in a Mainstream Classroom

Parents may worry that their child will not fit into the Head Start program. You may need to reassure the family that you want the child in your classroom, and that you believe the child will enjoy and learn from your classroom. Invite the parents to watch and listen to what is going on — let them see for themselves how their child plays with and works with the other children and with you.

Acceptance by Other Children

Parents are sometimes concerned that their child will not be liked and accepted, and that non-handicapped children may be cruel and teasing. Assure the parents that the other children will be encouraged to treat their child just as you do: with respect and affection. Let them know that you will try to create a positive, secure, accepting atmosphere in your classroom. Invite the parents to visit the classroom so that they can get a feeling for the atmosphere themselves. You can also tell them that you do not allow teasing or bullying of *any* child in your classroom, and that you will deal with it firmly if it should happen.

Of course, some children just don't get along well with others, but this is not a problem that is limited to children with special needs. It is not a reason to avoid the classroom, any more than it is a reason to avoid the rest of the world. You can tell parents that managing these situations, when and if they arise, is a normal part of your job.

Throughout the year, keep the parents as informed as you can about how their child is getting along with the other children. If problems do arise, you may want to ask the parents how they handle similar situations at home. What do the parents do to help the child play with brothers and sisters or with neighborhood children?

You have developed a number of techniques for helping children cooperate and get along in your classroom. You will probably find that these techniques are just as useful with a child who has a language or speech impairment.

Teacher's Time

Assure the parents of a handicapped child that you will have time for their youngster. Describe to them what you will be doing with their child and explain that you will have your aide, volunteers, and other staff members to help you. Discuss also any outside assistance the child will be getting.

The Future

Parents may worry that their child will not make progress in your program. You can assure them that there are many things that you can teach their child, and that their child will learn a lot from the other children in the class, too. But be careful not to offer the parents false hopes. Make it clear that you cannot make long-range predictions about how far the child will progress in the future, but that you will help the child learn as much as he or she can in Head Start. Be honest when you describe the skill areas you are working on with their child, and keep them well informed of their child's progress. Ask the family, in turn, to tell you how they see the child progressing at home.

As with non-handicapped children, if you genuinely like a child, and if you and other staff members in your program have worked out a sensible plan to meet the child's needs and stimulate his or her development, you have a solid basis for developing a real partnership with the parents. While parents of language or speech impaired youngsters have some concerns that are different from the concerns of other parents, you can use the same skills and ways of working with them that you have already developed in your conversations and personal contacts with other parents.

Parents of Non-Handicapped Children

Many Head Start programs have children with handicaps in their classes. Generally, parents of non-handicapped children in a mainstream classroom have no strong concerns about the presence of a child with special needs in the class. If the parents of a non-handicapped child are concerned, invite them to come to your classroom to see for themselves. This will show them that a handicapped child is first and foremost a child and an individual, like their own child. Visiting the classroom will help dispel incorrect ideas that parents may have about a handicapped child whom they have never met.

If some parents express a concern that their child will pick up undesirable behavior or begin to copy the way a speech or language impaired child talks, you can explain to them that it is normal for children to copy the behavior of other children — this is one of the ways they learn. However, undesirable behavior tends to be outgrown quickly, once it has been tested and met with disapproval.

If parents would like to talk to their child about people with handicaps, you might suggest that they do this in a factual, non-emotional way. If the parents are concerned that you won't have enough time for their non-handicapped child, you can describe to them the staffing arrangements your program has made to enable all children to have enough teacher time.

In general, be calm, reassuring, and objective, and describe the very real benefits to their child of mainstreaming a child with a language or speech impairment in the classroom.

Chapter 6:

Where to Find Help in Your Area

6

There are persons in your Head Start program and in your community who are trained to help you work with children who are language or speech impaired.

Head Start is a comprehensive child development program for all eligible children — handicapped and non-handicapped. It includes mainstreaming experiences in the classroom; medical, dental, mental health, and nutrition services; parent involvement; and social services. To strengthen services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies who serve children with special needs. This cooperation is essential.

Provision of services to handicapped children is not a solo effort. As you have already found out (or soon will), it requires the involvement and cooperation of many people with different kinds of skills and knowledge. You are the primary planner of the child's daily educational program and the person who is central in carrying it out. But it will help you and the child if you can work with the specialists in your Head Start program and with other specialists in your community. You and these specialists can achieve more by working as a team than as individuals. This chapter discusses how to find out about local or regional resources, what they provide, how you can make the most of what's available, and the kinds of specialists you may meet as you work with handicapped children.

Finding Out About Resources

To find out about resources, start by asking questions. Ask other teachers, your center director, other program staff, and then ask the people they suggest. You need some basic information about the kinds of support personnel available in your program. For example:

- Is there a **handicap coordinator**, a **speech-language pathologist**, a **special educator**, or a **resource teacher** who is familiar with language and speech impairments and with handicapped children, and who can suggest materials, methods, and additional resources?
- Is there an **educational coordinator**, a **director of educational services**, or another **classroom teacher** who can help you to make any changes in your program as needed by a child with a language or speech impairment?
- Does the program have a **social worker**, a **social services director**, or a **parent-involvement staff member** who can help arrange contacts with the child's family and with resources outside the program?
- Does your program have **consultants**, whether from public schools, nearby colleges or universities, community health or social services agencies, a state department of education or health, or local chapters of national associations serving children with language and speech impairments? (For more information on national associations, see the section in Chapter 7 on professional and parent associations.)

Head Start Program Resources

Social services, health services, educational services, handicap services, and parent involvement are found in Head Start programs. Programs vary greatly, however, in the number of staff members providing these services.

In a given program, one person may be both the social services director and the parent involvement coordinator. In another program, several people may work in each component. These staff members may work part-time or full-time. They may be a part of your program or outside consultants to your program. Their job titles may vary. It often happens that people with the same title do different jobs, or that people with different titles do the same job. A job title only gives you a small clue. You will need to find out *who* does *what, when,* and *where,* and *how you can get things going.*

Social Services

A social services staff person (whether a full-time director, a part-time social caseworker, or a community aide) usually coordinates contact among a child's family, the Head Start program, and outside community resources. This person (or people) can help you put together a team of specialists to work with you and a language or speech impaired child in your class. When necessary, the teacher works with the social services person to arrange referrals for children and families who need diagnosis and treatment or family counseling. Social services oversee the follow-up, too, making sure that appointments are made and coordinating services if several agencies are involved. It is important that you get information from the social services person about the kinds of services a child is receiving.

The social services component is an extremely valuable resource to you in your efforts to provide handicapped children with a good education in a mainstream setting.

Health Services

The health services component of the Head Start program must include medical, dental, mental health, and nutritional services. The specialists who carry out these services may work on a full-time, part-time, or consultant basis. The person responsible for coordinating all these health services can draw upon a number of services outside of the program for diagnosis and treatment. This means that they can help you get health information or the services of specialists for a child. For example, an ophthalmologist or optometrist (eye specialists) may be called upon to examine a child with vision problems, or an audiologist (hearing specialist) may be recruited to assess a child's hearing. A speech-language pathologist can diagnose language or speech impairments. A mental health professional such as a psychologist can diagnose developmental problems.

Other specialists such as a neurologist (nervous system specialist), an occupational therapist (activities specialist), a physical therapist (movement specialist), or an otolaryngologist (ear, nose, and throat specialist) may be consulted when necessary.

You will want to know who in your program is responsible for contacting and coordinating health service agencies, and what your relationship is with the agencies. What kinds of assistance can you expect from them? What conference arrangements are being made among team members? While some agencies are more accessible than others, all Head Start programs (no matter how large or small) have or will have access to these resources, either within the program or through outside referrals.

Be sure that the parents are completely informed of any plans for services for their child and that they give consent.

Educational Services

This component comprises all aspects of the educational program. All Head Start programs, however, should use the resources of local institutions of high learning (junior colleges, colleges, universities, and University Affiliated Facilities) that are available to them, especially those institutions with programs for training speech-language pathologists and special education teachers.

In many programs, the people who are responsible for educational services can provide guidance and advice to teachers in the classroom. This advice should include helping you observe the child systematically, assess a child's skills, and develop and carry out an individualized education plan for a language or speech impaired child. Your center's educational director should be able to help you tailor classroom acivities to meet each child's needs.

Parent Involvement

Parent involvement, a cornerstone of Head Start, encourages family participation in all aspects of the program. Head Start believes that the gains made by a child in Head Start must be understood and built upon by the child's family and by the community. To achieve parent involvement in a child's Head Start experience, each program works toward increasing parents' understanding of their child's needs and how to satisfy them. Project Head Start is based on the premise that successful parent involvement requires parents to participate in making decisions about the program and about what kinds of activities are most helpful and important for their child.

In some Head Start programs, the parent involvement component may be combined with social services. In others, it is a separate service. Regardless of its place in the organization of your program, the people in this component are responsible for the coordination of all activities that involve the child's family.

You probably realize that the parent involvement component is especially important for families of children with special needs. Since they have lived with the child you are trying to help, they know a great deal about their child's needs and strengths. The more the home and Head Start can exchange information and work together, the better the child will do in your class.

Handicap Services

A handicap coordinator is responsible for supervising the mainstreaming of all handicapped children in the program. This person is usually familiar with special education methods and materials and should be able to teach you how to use them in your classroom.

Many Head Start programs have a close working relationship with the local school system. The local school system may pay for specialists to work with handicapped children. Under 1975 federal legislation, Education for All Handicapped Children Act (Public Law 94-142), local school districts must provide a free public education to all handicapped children from 3 to 21 years of age. Some states have their own special education laws, which require services for children from infancy to age five as well. You will want to learn as much as you can about these laws in your own state so that you can take advantage of the services. Your local public school director of special education is a good resource for such information.

One aspect of the Education for All Handicapped Children Act that concerns Head Start teachers and parents is its outreach component. Under the law, public school systems are required to demonstrate a practical method for identifying unserved and underserved handicapped children, so that these children can receive the special services they need. Called Child Find, Child Search, or Child Identification in different states, the method also varies from state to state. In some, it consists of an advertising campaign to let parents, teachers, and others know whom they should contact if they suspect a child has a handicap that has not been recognized. In other states, there is a formal program of screening and diagnosis in addition to a public awareness campaign. To take advantage of this service, which is your right under the law, call the director of special education in your local school system, the superintendent of schools in your town, or the special education section of your state's department of education.

Since the Head Start program in many states enrolls children for whom the public school system is also responsible, there are many services that the school district may be able to provide for these children in your classroom, such as free diagnoses and specialists' services. The handicap coordinator or someone else in your program should be in close contact with the public schools in your community and should know all of the resources available and how to link up with them.

Who Knows About Resources and Services?

The staff person in your program who is responsible for handicap services may be the best person to contact to find out about resources and services. In your community, however, there are other people who know what agencies or people provide the services you need for a child with special needs.

The special education supervisor in your public school system is one person to contact for information about local resources. It is also a good idea to contact this person to alert the school system to the special needs of a child. After all, the child will probably be starting public school after leaving Head Start.

Your local hospital may have a department called a child development unit, which deals with developmental problems in children and can provide information. Many hospitals have a speech and hearing or speech and language clinic for children. The services a hospital can offer will vary, depending on the staff and the funds they have. But a hospital will often be able to suggest other resources for you to contact.

Some states have a University Affiliated Facility, which provides direct services to handicapped children and their families. The address for this resource is given in Chapter 7, page 144.

The Resource Access Project (RAP) in your region should also be contacted. RAPs are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They identify possible sources of training and technical assistance and enlist the support of other groups in helping Head Start find and serve handicapped children. The addresses of the RAPs are given in Chapter 7, page 148.

Sometimes, parents of school-age language or speech impaired children are very knowledgeable about the resources that can be tapped. Find out if your community has an organization for parents of speech and language impaired children or children with other handicaps associated with language or speech impairments. You could also write to the national associations listed in Chapter 7, because local parent groups are often affiliated with these organizations.

How to Make the Most of Available Resources

You can make the most of available resources by taking the following steps:

1. Be Precise

Be precise about the help you need. For people to be helpful, they have to understand exactly what you need. You may want to discuss your problem first with other Head Start teachers and specialists so that you can develop a better idea of what you need to know.

2. Develop Objectives

With your team of specialists, especially the speech-language pathologist, develop objectives for each child. Clearly written objectives make it easier to plan activities and to determine when goals have been reached.

3. Agree on Responsibilities

Work out together with the specialists what you expect from them and what they expect from you. People sometimes start out with different expectations — such as who's responsible for working with the child (the specialist or the teacher), or who's responsible for checking on whether the plan has worked. Responsibilities need to be clearly defined so that each person can effectively carry out his or her part of the educational plan.

4. Make Sure You Understand

Advice and explanations that don't tell you specifically what you can do for a child in your classroom leave you as stranded as you were before. If you don't understand, *ask*. Some specialists are used to saying things in complicated ways, and they need to be reminded to say them in plain English. Remember, advice won't do you any good if you can't use it. And if you don't understand it, you can't use it.

5. Keep in Touch

Feedback on both sides is very important. You need to know what the specialists are doing for the child and how the child is progressing. The specialists need to know what the child is doing in your classroom and how the child is progressing. And everyone — the parents, the specialists, and you — needs to know what everyone else is doing so that the services can be coordinated. Otherwise, two specialists could be providing the same services for a child — or even worse, no one could be providing service at all.

Feedback won't happen by itself. Plan a schedule of contacts — such as meetings and phone calls — and hold yourself and the specialists responsible for following the schedule.

6. Consider Parents Specialists

Work with parents in the same way that you work with specialists. Parents are specialists on their own child's needs, strengths, problems, likes, and dislikes. Furthermore, like working with specialists, working with parents involves agreed-upon objectives, knowing what each of you is doing, knowing how the child is progressing, and regular contact.

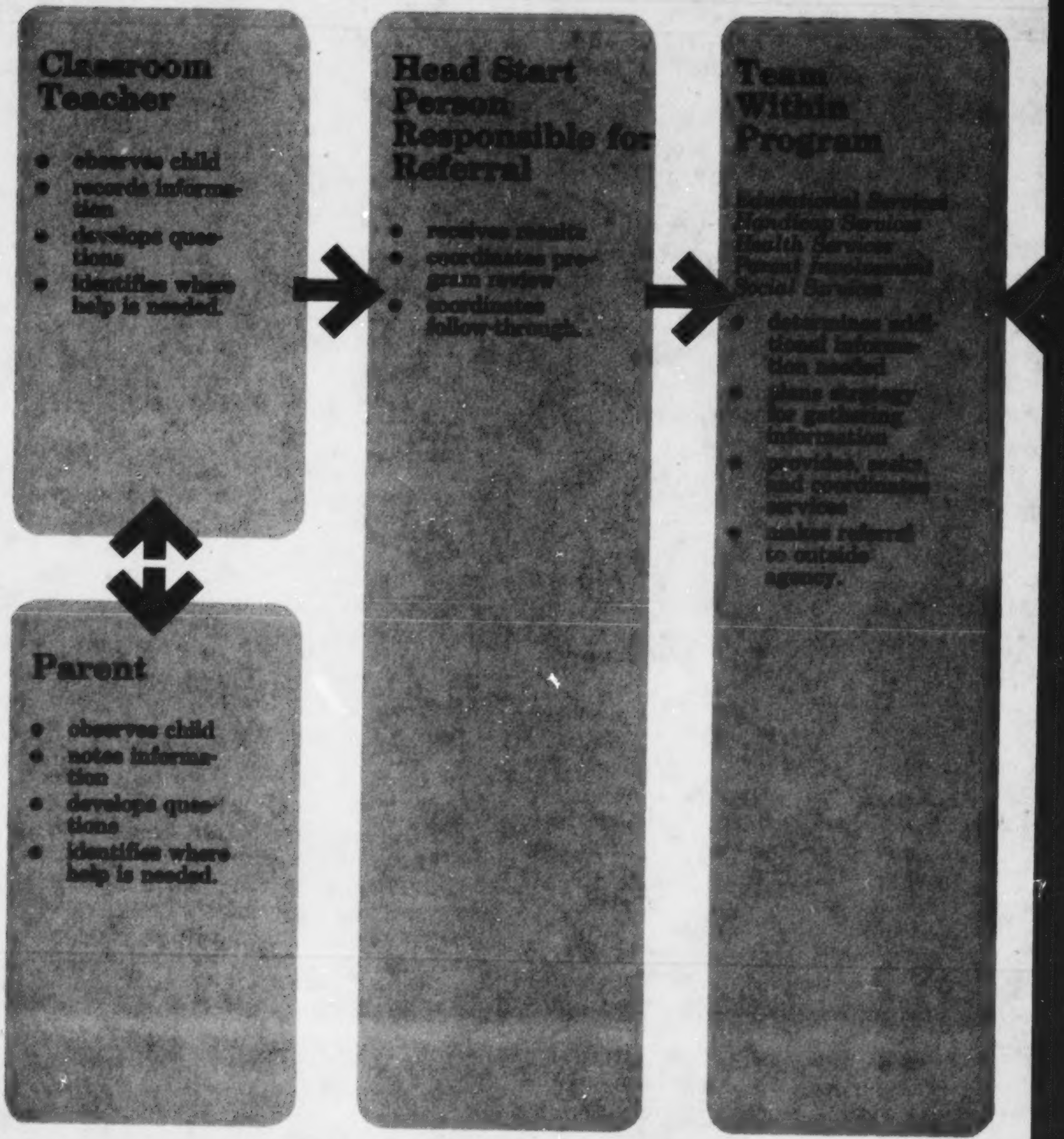
7. Expect a Lot

You will be working with a child who has problems that may be unfamiliar to you and for which there are no easy solutions. This means you need to expect a lot, both from yourself and from others hired to help a child with special needs.

If you are going to get the most from resource persons both inside and outside your program, you need to be doing a great deal yourself. You need to identify what the child can do and what he or she is developmentally prepared to learn. At the same time, you will have to maintain a program that is good for all the children in the classroom.

Expect a lot from the people your program has hired on a full-time, part-time, or consultant basis. Don't be impressed by their titles, backgrounds, or anything else except *how helpful they really are to you, the child, and the child's family.*

Using Local Resources for Mainstreaming Handicapped Children



Classroom Teacher

- observes child
- records information
- develops questions
- identifies where help is needed.

Parent

- observes child
- notes information
- develops questions
- identifies where help is needed.

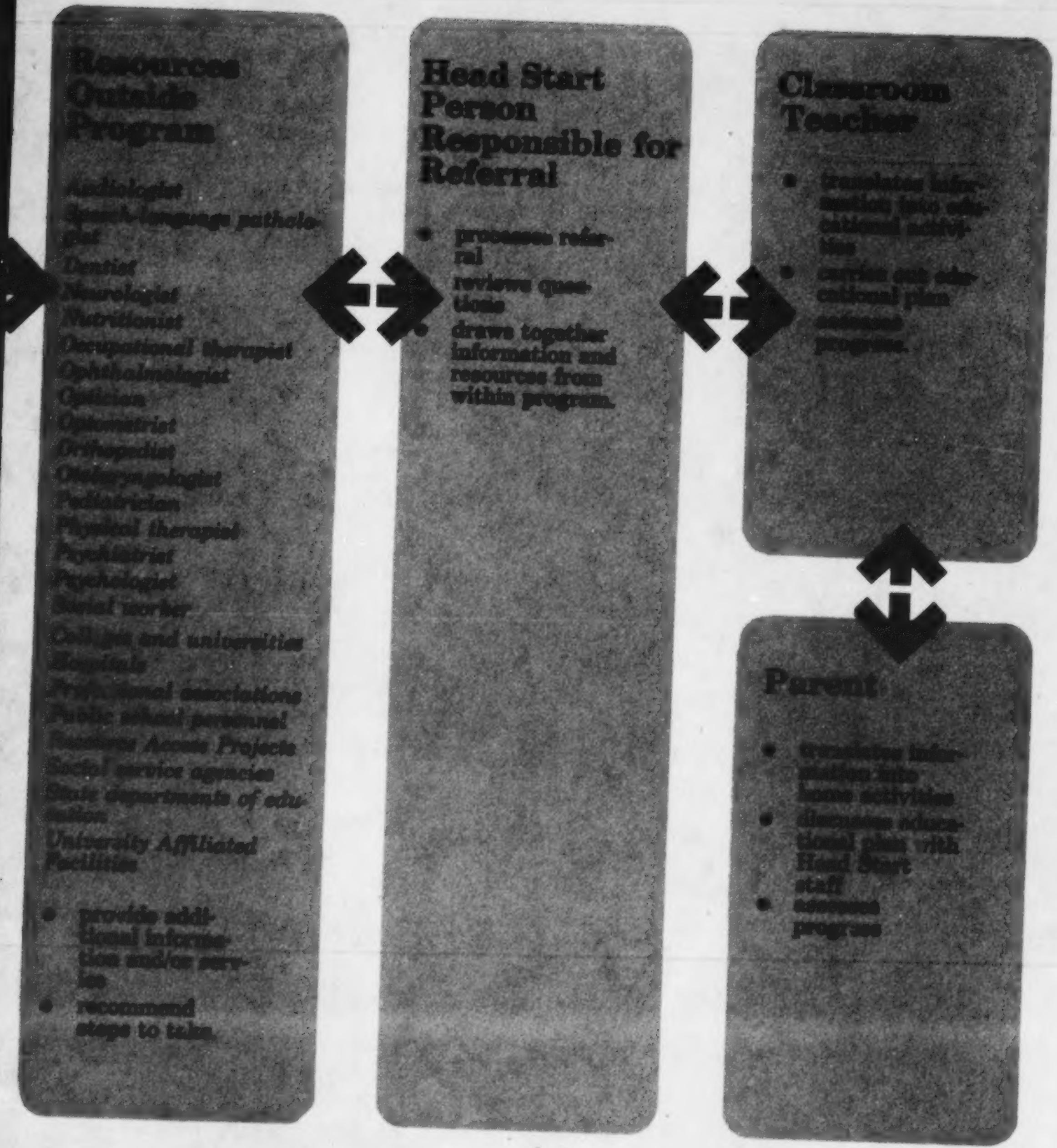
Head Start Person Responsible for Referral

- receives results
- coordinates program review
- coordinates follow-through.

Team Within Program

Educational Services
Handicap Services
Health Services
Parent Involvement
Social Services

- determines additional information needed
- plans strategy for gathering information
- provides, seeks and coordinates services
- makes referral to outside agency.



Resources Outside Program

Audiologist
Speech-language pathologist
Dentist
Neurologist
Nutritionist
Occupational therapist
Ophthalmologist
Optician
Optometrist
Orthopedist
Otolaryngologist
Pediatrician
Physical therapist
Psychiatrist
Psychologist
Social worker
Colleges and universities
Hospitals
Professional associations
Public school personnel
Resource Access Projects
Social service agencies
State departments of education
University Affiliated Facilities

- provide additional information and/or service
- recommend steps to take.

Head Start Person Responsible for Referral

- processes referral
- reviews questions
- draws together information and resources from within program.

Classroom Teacher

- translates information into educational activities
- carries out educational plan
- assesses progress.

Parent

- translates information into home activities
- discusses educational plan with Head Start staff
- assesses progress

Who Are the Specialists?

What Do They Do?

This section describes the specialists children with language and speech impairments are most likely to need help from, and the kinds of help they can provide. Other specialists who work with handicapped children are described in the section beginning on page 141.

Speech-Language Pathologist

A speech-language pathologist conducts screening, diagnosis, and treatment of children and adults with communication disorders. This person may also be called a speech clinician or speech therapist.

What Is Done

The speech-language pathologist will want to talk with the child's parents and teachers to obtain a full case history of the child and a description of the child's speech and language at home and in school. The pathologist then spends time working with the child. Usually this will be done in the context of a play situation. After this type of informal observation, the speech-language pathologist gives the child a battery of tests to assess the child's ability to understand language and produce speech. The speech-language pathologist should use culturally relevant tests and know the child's language or dialect. As part of a screening or evaluation, the child may be asked to draw pictures, say words, manipulate and name objects, describe pictures, repeat sentences, answer questions, or tell stories.

Depending upon the results of the tests, observations, and parent and teacher interviews, the speech-language pathologist may design and carry out a therapy program for the child. When the speech-language pathologist feels that there may be other problems contributing to the speech or language disorder, he or she may recommend that the child see an audiologist, psychologist, otolaryngologist, or other professional for further examination and recommendations.

The speech-language pathologist can provide the teacher with specific instructional suggestions for a particular child. The pathologist can also give the teacher ideas for developmentally appropriate objectives for the child. Finally, the speech-language pathologist may work with the parents of a child with a speech or language impairment.

Other Specialists

The following specialists may be called upon as resource people, or may already be dealing with a speech or language impaired child in your classroom. A brief description of each follows:

A **Dentist** conducts screening, diagnosis, and treatment of the teeth and gums.

A **Neurologist** is a medical doctor who conducts screening, diagnosis, and treatment of brain and nervous system disorders.

A **Nutritionist** evaluates a person's food habits and nutritional status. This specialist can provide advice about normal and therapeutic nutrition, and information about special feeding equipment and techniques to increase a person's self-feeding skills.

Audiologist

An audiologist conducts screening and diagnosis of hearing problems and may recommend a hearing aid or suggest training approaches for people with hearing handicaps.

What Is Done

The audiologist performs the above services and can also be called upon to answer questions in the following areas: the nature of a child's hearing loss, what the child can and cannot hear, the usefulness of a hearing aid, the care of a hearing aid, and the availability of special programs for children with hearing impairments.

An **Occupational Therapist** evaluates and treats children who may have difficulty performing self-help, play, or school-related activities, with the aim of promoting self-sufficiency and independence in these areas.

An **Ophthalmologist** is a medical doctor who diagnoses and treats diseases, injuries, or birth defects that affect vision. He or she may also conduct or supervise vision screening.

An **Optician** assembles corrective lenses and frames. He or she will advise in the selection of frames and fit the lenses prescribed by the optometrist or ophthalmologist to the frames. An optician also fits contact lenses.

An **Optometrist** examines the eyes and related structures to determine the presence of visual problems and/or eye disease, and to evaluate a child's visual development.

An **Orthopedist** is a medical doctor who conducts screening, diagnosis, and treatment of diseases and injuries to muscles, joints, and bones.

An **Otolaryngologist** is a medical doctor who conducts screening, diagnosis, and treatment of ear, nose, and throat disorders. He or she can also perform ear, nose, and throat surgery. This specialist may also be known as an E.N.T. (ear, nose, and throat doctor). An **otologist** is an otolaryngologist who works exclusively in the area of ear disorders.

A **Pediatrician** is a medical doctor who specializes in childhood diseases and problems, and in the health care of children.

A **Physical Therapist** evaluates and plans physical therapy programs and directs activities for promoting self-sufficiency primarily related to gross motor skills such as walking, sitting, and shifting position. He or she also helps people with special equipment used for moving, such as wheelchairs, braces, and crutches.

A **Psychiatrist** is a medical doctor who conducts screening, diagnosis, and treatment of psychological, emotional, behavioral, and developmental or organic problems. Psychiatrists can prescribe medication. They generally do not administer tests. There are different kinds of psychiatrists.

A **Psychologist** conducts screening, diagnosis, and treatment of people with social, emotional, psychological, behavioral, or developmental problems. There are many different kinds of psychologists.

A **Social Worker** provides services for individuals and families experiencing a variety of emotional or social problems. This may include direct counseling of an individual, family, or group; advocacy; and consultation with preschool programs, schools, clinics, or other social agencies.

Chapter 7:

Other Sources of Help

There are many sources of help available.

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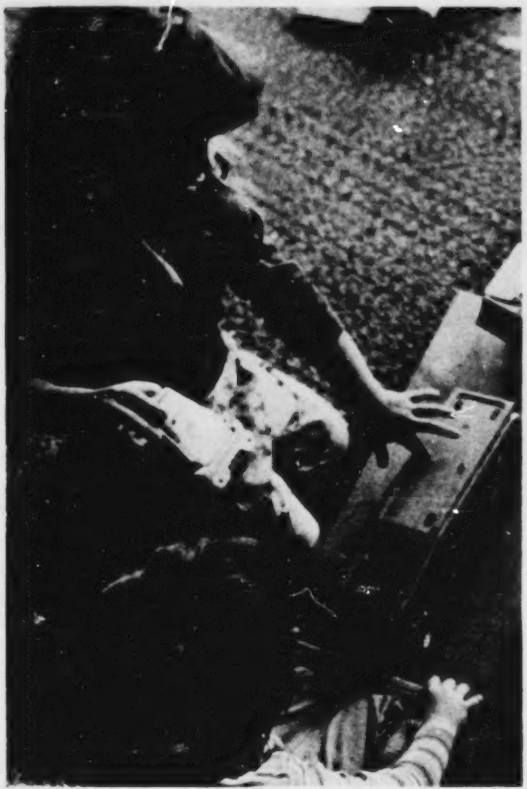
In addition to the specialists in your program, community, or region, there are other sources of help you can draw on to assist you with children who are language or speech impaired. Around the country are a number of associations concerned with speech and language impairments and associated handicaps, which can send you helpful information about these disorders and about what you can do with the children in the classroom. There are also many good books and articles that could prove useful. These are listed in the bibliography at the end of this chapter.



Professional and Parent Associations, and Other Organizations

For each association and organization given in this section, we have listed their national addresses, whether they have local branches, what they do, and how they can help you.

American Association of University Affiliated Programs

This organization is most interested in providing diagnostic services to individuals with developmental disabilities and in providing training for people who work with handicapped persons. University Affiliated Facilities include such areas as early childhood and special education, pediatrics, child development, child psychology, social work, child neurology, speech pathology, physical and occupational therapy, nutrition, and nursing. Nearly 50 UAFs have been established throughout the country. The association has an official working relationship with Head Start. By writing to the address below you can find out if there is a program near you that can provide diagnostic, treatment, training, and consultation services. For more information write to:

American Association of University
Affiliated Programs
Suite 406
2033 M Street
Washington, D.C. 20036

American Speech and Hearing Association

This is a professional association for speech-language pathologists and audiologists. The Association disseminates information on speech, language, and hearing disorders through books and pamphlets for the general public as well as professional reports, monographs, and four journals: **ASHA** (monthly), **Journal of Speech and Hearing Disorders** (quarterly), **Journal of Speech and Hearing Research** (quarterly), and **Language, Speech, and Hearing Services in the Schools** (quarterly). Information is also disseminated to the lay public and the professions through ASHA-sponsored workshops, seminars, and conferences.

The ASHA is the only national certification/accreditation body for individuals providing speech, language, and hearing services, and for clinical service facilities and education and training programs in these areas. The ASHA maintains directories of certified speech-language pathologists and audiologists, accredited service agencies for those with speech, language, and hearing handicaps, and accredited education and training programs for the professional preparation of speech-language pathologists and audiologists. This organization has a National Office and is associated with speech and hearing associations on the state level. For more information, write to:

American Speech and Hearing Association
10801 Rockville Pike
Rockville, Maryland 20852

Closer Look

Funded through the Bureau of Education for the Handicapped, U.S. Office of Education, this special project attempts to provide bridges between parents and services for handicapped children, and to help parents become advocates for comprehensive services for their own handicapped child as well as for others. Closer Look publishes a newsletter containing information of special interest to parents. The staff will also respond to questions that you may have. The newsletters and information are free. By writing to Closer Look you can be added to their mailing list. Contact:

Closer Look
Box 1492
Washington, D.C. 20013

Council for Exceptional Children: Division on Communication Disorders

This division is concerned with teaching children who are speech or language impaired, and with helping teachers of these children to be more effective. CEC and this division publish low-cost informational materials of interest to professionals and parents.

CEC has local chapters. For more information write to:

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Council for Exceptional Children Information Center

This information center provides abstracts of current research and bibliographies of information currently available in publications and nonprint media. It also provides annotated listings of agencies that serve exceptional children and their families. Contact:

Council for Exceptional Children
Information Center
1920 Association Drive
Reston, Virginia 22091

Instructional Materials Centers

These centers have media and materials suitable for use with language and speech impaired children. Often the director or staff of the center can demonstrate materials, suggest especially good materials, and consult with you about your needs.

To find out about a Center, contact the Resource Access Project in your region, directors of special education in your state department of education, or colleges' and universities' special education departments.

National Association for Hearing and Speech Action

This is a private non-profit organization that works exclusively in behalf of hearing, speech, and language handicapped individuals. Among its principal programs are education and training, field service, and public information and education.

The Association attempts to bring together all of the interested groups (such as professionals from different fields who work with persons with hearing and speech problems, and manufacturers of equipment for these persons) in behalf of people with hearing and speech problems. They serve as an information and referral source, developing liaisons with various organizations (such as Lions International, Sertoma International, Pilot Clubs, and others) to provide assistance to speech and hearing centers as well as to individuals.

For more information, write:

National Association for Hearing
and Speech Action
814 Thayer Avenue
Silver Spring, Maryland 20910

National Center for Law and the Handicapped, Inc.

This organization was established to ensure equal protection under the law for handicapped people. It participates in selected court cases by consulting with the lawyers of handicapped people whose rights may have been violated. Sometimes NCLH provides a lawyer for a handicapped person. The staff can answer questions and provide information about legal issues affecting children who have special needs, including language and speech impairments.

For more information write to:

National Center for Law and
the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana 46617

National Easter Seal Society for Crippled Children and Adults

The Society is a major provider of rehabilitation services to disabled persons of all ages with orthopedic, neurological, or neuromuscular disabilities; sensory, communication, and learning disorders; or psychological and social dysfunction. Others served are parents and families of disabled persons and lay and professional persons seeking information.

The Society conducts programs of evaluation, treatment, education, vocational training, and advocacy. Support services such as equipment loan and transportation are also provided. Nearly 2,000 programs and facilities are organized on a state and/or local basis. The Chicago headquarters serves as a national spokesman about the Society, as an advocate of the disabled, and in support and leadership of the programs of its affiliate Societies. As an advocate, response is given to requests for information, and testimony is prepared on issues vital to the disabled.

The National Society building in Chicago houses a library collection of books, periodicals, and pamphlets on rehabilitation. The Society's Information Center produces and/or disseminates several publications, including a professional journal entitled **Rehabilitation Literature.** A publications catalog is available. For more information write:

National Easter Seal Society for
Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

Resource Access Projects

Resource Access Projects (RAPs) are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start program needs in the area of services to handicapped children. While the RAPs will assist local grantees in determining and meeting their needs in the area of handicapped services, the cost of any required training or technical assistance must be borne by the grantee and/or the resource provider.

RAPs have been established to identify all possible sources of training and technical assistance and to enlist their support in helping Head Start find and serve handicapped children. Examples of resources include public health departments, community mental health centers, speech and hearing clinics, developmental disabilities councils, universities and colleges, professional associations, and private providers of training, technical assistance, materials, and equipment.

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DHEW Region	States Served	Resource Access Project (RAP)
1	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
2	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Sq. Village, Apt. 1M New York, New York 10012
3	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Mineral Street Annex Keyser, West Virginia 26726
4	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Merritt Mill Road Chapel Hill, North Carolina 27514
	Kentucky Tennessee Alabama	The Urban Observatory 1101 17th Avenue, South Nashville, Tennessee 37212
5	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool 403 East Healey Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project 412 East Slifer Street P.O. Box 564 Portage, Wisconsin 53901
6	Texas Louisiana Oklahoma Arkansas New Mexico	Contract not awarded at time of printing.

DHEW Region	States Served	Resource Access Project (RAP)
7	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit 39th & Rainbow Blvd. Kansas City, Kansas 66103
8	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Hampden East I-Room 215 8000 East Girard Avenue Denver, Colorado 80231
9	California Arizona Hawaii Nevada Pacific Trust Territories	Los Angeles Unified School District Special Education Division 450 North Grand Avenue Los Angeles, California 90012
10	Washington Oregon Idaho	University of Washington Model Preschool Center for Handicapped Children Experimental Education Unit WJ-10 Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children and Adults 726 E. Street Anchorage, Alaska 99501

Bibliography

Many books have been published on language and speech impairments. It is not possible to list all of them here. The ones mentioned are some of the available books that are especially good for understanding what language and speech impairments are and for helping you work with children in your classroom who have communication disorders.

Materials on Speech and Language Development and Disorders

Ainsworth, Stanley. **Stuttering: What It Is and What To Do About It.** Lincoln, Neb.: Cliffs Notes, 1975.

This paperback book was written for teachers and parents of stutterers. Although it does not deal exclusively with preschool-aged children, it is simply written and gives the reader much information about the stuttering child and his or her problem.

This book is one in a series on various speech and hearing problems. For further information write to: Cliffs Speech and Hearing Series, Cliffs Notes, Inc., Lincoln, Neb.

Bloom, Lois, and Lahey, Margaret. **Language Development and Language Disorders.** New York: John Wiley & Sons, 1977.

This book describes normal language development. There is also a detailed discussion of language assessment and intervention.

Cazden, Courtney B. **Child Language and Education.** New York: Holt, Rinehart and Winston, 1972.

Although this book uses some technical terminology, it covers a wide range of interesting topics. These include: speech and language development, dialect differences and bilingualism, communication styles, the role of language in intellectual development, and teaching language.

If Your Child Stutters — A Guide for Parents (1977). Available from: Speech Foundation of America, 152 Lombardy Road, Memphis, Tenn. 38111.

This simply written book was prepared by a panel of experts for parents of preschool-aged children. It can be very informative for preschool teachers as well. It describes how to tell the difference between stuttering and normal disfluencies, how to prevent the development of stuttering, and ways to help the stuttering child toward more fluent speech.

Kastein, S., and Trace, B. **Birth of Language** (n.d.). Available from: Center of Deafness, Glenview, Ill.

This is the case study of a young, non-verbal, language impaired child.

The Name of the Game Is Understanding. Color slide tape, 47 minutes. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

This slide tape is designed to give teachers an overview of the major types of communication problems that result from physical disorders and environmental influences. Topics covered include articulation, stuttering, and language problems and communication difficulties caused by hearing loss, cleft palate, cerebral palsy, dysarthria, and chronic hoarseness.

Palmer, Charles F. **Speech and Hearing Problems: A Guide for Teachers and Parents.** Springfield, Ill.: Charles C. Thomas, 1961.

This book is written in a question-and-answer format. Answers suggest what to do and where to go for help for various speech and hearing problems.

Partners in Language. Available from: American Speech and Hearing Association, 10801 Rockville Pike, Rockville, Md. 20852.

A simple book for parents, written in Spanish and English, which gives developmental norms for receptive and expressive language skills in children from birth to 24 months. It also tells parents how to foster speech and language development in infants and toddlers.

Van Riper, C. **Teaching Your Child to Talk.** New York: Harper and Row, 1952.

Although this book is now quite old, it is a highly readable and helpful piece on speech and language development in young children and how to foster this development.

Van Riper, C. **Your Child's Speech Problems.** New York: Harper and Row, 1961.

This book discusses various communication disorders, utilizes case descriptions of children, and suggests techniques for helping such children.

Materials on Cultural and Dialectal Differences

Braddock, D.L.; Baca, L.; and Lane, K., eds. **Cultural Diversity and the Exceptional Child.** Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091.

A written account of the conference on this subject held by the Council for Exceptional Children in 1973. The book presents a range of topics and ideas regarding these issues.

Williams, Ronald, and Wolfram, Walt. **Social Dialects: Differences Versus Disorders** (1977). Edited by Irma K. Jeter. Available from American Speech and Hearing Association, 10801 Rockville Pike, Rockville, Md. 20852.

This booklet discusses three kinds of speech: standard speech, socially stigmatized speech, and communication disorders. It also describes how various dialects (including Standard English, Southern White Standard, Black English, Appalachian English, and Southern White Non-Standard) differ from each other in terms of pronunciation and grammar.

Guides to Teaching and Classroom Activities

The Exceptional Parent Magazine, Psy-Ed. Corporation, 20 Providence Street, Room 708, Statler Office Building, Boston, Mass. 02116

This magazine is written for parents and teachers of handicapped youngsters and adults. It has many articles of interest, including "what to do," "how to do it," and "where to get help." For a subscription, write to: **The Exceptional Parent,** P.O. Box 4944, Manchester, N.H. 03108.

Findlay, Jane, et al. **A Planning Guide: The Preschool Curriculum — The Child, The Process, The Day.** Chapel Hill, N.C.: Chapel Hill Training Outreach Project, n.d.

This book elaborates on curriculum information found in the **Learning Accomplishment Profile**, developed by Anne Sanford, and presents 44 preschool curriculum units intended for developmentally delayed or impaired children. It has a section on curriculum (who determines it, what it is, and what goes into it), a section on methods and principles (preparing instructional objectives, task analysis, error-free learning, and positive reinforcement), the 44 curriculum units, with objectives and skill sequences, and bibliographies. It is helpful, although not necessary, to use the Planning Guide together with the LAP.

Goodenough-Pitcher, E.; Lasher, M.; Feinberg, S.; and Abrams-Brunn, L. **Helping Young Children to Learn**. Columbus: Charles Merrill Publishing Co., 1974.

Written for teachers, this book suggests how to develop activities in a variety of areas, including art, music, literature, and science. A separate chapter describes working with children who have special learning problems.

Hansen, S. **Getting a Head Start on Speech and Language Problems** (1974). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Neb. 68105

This good, simple guide to working with preschool children who have speech and language problems gives language milestones, screening procedures, and teaching techniques.

Hogden, Laurel, et al. **School Before Six: A Diagnostic Approach** (1974). Available from: Cemrel, Inc., 3120 59th Street, St. Louis, Mo. 63139

School Before Six is printed in two volumes. Volume I includes procedures for assessing young children's learning needs and strengths through testing procedures in four developmental areas: language; conceptual skills; large, small, and perceptual motor skills; and social-emotional skills. General teaching strategies and activities are suggested to help children develop in each of these areas. Volume II includes a wealth of activities in areas such as science, art, table games, food preparation, language, social science, and music. Volume I is extensively cross-referenced to Volume II to simplify the selection of appropriate activities for specifically diagnosed situations.

How to Fill Your Toy Shelves Without Emptying Your Pocketbook and Como Llenar Sus Estantes con Juguetes Sin Gastar Mucho Dinero (1976). Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091. English version is stock number 130; Spanish version is stock number 134.

These manuals present instructions for making manipulative learning equipment from readily available materials, as well as games and activities to use with the equipment. The equipment and activities have been designed to be used with young handicapped and non-handicapped children in day care centers, classrooms, and at home.

Activities are given for use with each item and for developing skills in the following areas: language, intellectual, visual, auditory, gross and fine motor skills.

Jordan, J.; Hayden, A.H.; Karnes, M.B.; and Wood, M., eds. **Early Childhood Education for Exceptional Children: A Handbook of Ideas and Exemplary Practices** (1977). Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091.

This handbook discusses assessment, curriculum, parent involvement, record-keeping, and staffing patterns. The discussion utilizes descriptions of real programs.

Jordan, June, ed. **Not All Little Wagons Are Red: The Exceptional Child's Early Years** (1973). Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091.

This book discusses the importance of starting early to develop programs for children with handicaps. Attention is given to helping children develop a positive self-concept, good learning motivation, social skills, emotional stability, and physical well-being. The book includes many fine illustrations and describes a variety of alternative ways to meet children's needs.

Karnes, M.B. **Helping Young Children Develop Language Skills — A Book of Activities** (1968). Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091.

This book suggests games, activities, stories, and projects that will help children develop language skills. Instructions are easy to follow. The language skills discussed are based on the subtests of the Illinois Test of Psycholinguistic Abilities.

Lavatelli, Celia S. **Piaget's Theory Applied to an Early Childhood Curriculum.** Boston: A Center for Media Development Book, American Science and Engineering Inc., 1970.

This book describes how teachers can help four- to six-year-old children acquire logical ways of thinking. It tells teachers how to provide children with concrete materials to learn from. It also supplies teachers with specific suggestions for working on language development.

Lowell, Edgar, and Stoner, Marguerite. **Play It By Ear: Auditory Training Games** (1960). Available from: John Tracy Clinic, 806 West Adams Boulevard, Los Angeles, Calif. 90007.

This spiral-bound book outlines specific games that foster the growth of auditory or listening skills. The games can be used by parents with an individual child, or adapted by teachers for use with a group.

The Portage Guide to Early Education, rev. ed. Portage, Wis.: Cooperative Educational Service Agency, No. 12, 1976.

This guide has three parts: a checklist of skills for determining an individual child's progress, a card file listing activities that can be used to teach various skills, and a manual of directions for conducting the activities. The areas covered in the program are: infant stimulation, language, cognitive skills, socialization, self-help, and motor skills.

Selected Readings in Early Education of Handicapped Children (No. 85). Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091.

These readings were selected expressly for Head Start and other preschool teachers who have handicapped children in their classrooms.

Teach Your Child to Talk. New York: Cebco Publishing Co., 1976. Available from Cebco Publishing Co., 104 Fifth Avenue, New York, N.Y. 10011.

This program is designed for presentation to parent and teacher groups. It includes a film, slides, and audiotapes, as well as pamphlets and a manual of language learning activities for children between birth and age five. It also includes a manual for parents. The emphasis here is on normal speech and language development in all children in the classroom.

Tough, Joan. **Listening to Children Talking — A Guide to the Appraisal of Children's Use of Language.** London: Ward Lock Educational, 1976.

This book provides practical advice on how a teacher can appraise children's use of language while engaging in conversation with them. The book includes sections on language development, problems that keep the child from talking, what the child can do, and where the child needs help. This book was designed to help teachers develop language skills in the classroom that are vital for later learning.

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Materials on Working with Parents and on Helping Children at Home

D'Audney, Weslee, ed. **Giving A Head Start to Parents of the Handicapped** (1976). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Neb. 68105

This manual is designed primarily to help Head Start teachers provide support and encouragement to parents of children with handicaps. It discusses subjects such as the value of mainstreaming, legal rights of the handicapped and their families, and the dangers of labeling. It also provides specific suggestions for working with parents of special needs children.

Karnes, M. **Learning Language at Home.** Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091.

This is a kit containing 200 sequenced lesson cards that provide 1000 activities for teaching language. The skill areas focused on are: learning to do, learning to look, learning to listen, learning to tell. Instructions are simply written. This kit can be useful to teachers as well as to parents.

Klebanoff, Harriet. **Exploring Materials with Your Young Child with Special Needs** and **Home Stimulation for the Young Developmentally Disabled Child**. Available from: Division MR, Department of Mental Health, Commonwealth of Massachusetts, 190 Portland Street, Boston, Mass.

Both of these books contain simple suggestions for activities that parents (as well as teachers) can do with children who have special needs. The activities are designed to provide enjoyment and to teach language and other skills to the child with special needs.

McDonald, Eugene T. **Bright Promise for Your Child with Cleft Lip and Palate.** Parent Series No. 6, 1959. Available from: National Society for Crippled Children and Adults, Inc., 2023 West Ogden Avenue, Chicago, Ill. 60612.

Information for parents regarding children born with cleft lip or cleft palate.

"The Parent-Professional Partnership," **Exceptional Children,** vol. 41, no. 8 (May 1975). Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091.

Examines problems of parents, foster and adoptive placement programs, sex education, and parent training programs.

Working with Parents of Handicapped Children and **Trabajando con los Padres de Ninos con Impedimentos.** Available from: CEC Information Center, Special Education IMC/RMS Network, 1920 Association Drive, Reston, Va. 22091. English version is stock number 132; Spanish version is stock number 133.

Practical ideas and suggestions for working with parents of children with existing and/or potentially handicapping conditions. These books were written for those who have had little or no formal training in working with parents of handicapped children. It provides information on feelings and attitudes that may be encountered in these parents, specific suggestions on planning for meetings with parents, guidelines for developing referral information and files, and information on other resources.

Appendix

Tests are only one source of information in evaluating a child.

Screening and Diagnosis

This section describes the nature and purpose of screening and diagnosis, and the use of tests in each of these processes. The overall goal of both processes is to evaluate or assess a child's functioning and to identify problem areas, if any exist.

Screening

Screening is a process that identifies children who need specific treatment (for example, eye glasses or immunization shots) or who need to be referred for a diagnostic evaluation. Screening is therefore an important tool in the early identification of handicapped children. If a child does not pass a speech or language screening, he or she should be referred for further evaluation.

Screening procedures such as checklists and tests are inexpensive, quick, and easily administered. They give the screener an overview of a child's performance. Teachers, aides, and others need to be trained to use a particular screening procedure correctly. For the screening services that must be provided for every child, see Project Head Start Performance Standards.

Not all children who fail a screening test are found to have a problem when they are given a full diagnostic evaluation. This is because the results of screening tests are not exact, since the tests do not assess in depth a child's functioning in a given area. Also, because screening is done in a limited amount of time, the screener may not realize if a certain child is not performing at his or her best at that particular time. For these reasons, a child who is not handicapped may fail a screening and be referred for further evaluation. The evaluation may indicate that the results of the screening were incorrect — that the child in fact does not have a communication problem.

On the other hand, some children who pass a screening test may, in fact, have a problem that wasn't detected in the screening. If you have a child in your class who has passed the standard screening tests and you still feel there may be something wrong, do not hesitate to ask an appropriate professional to look at the child more closely.

Diagnosis

Diagnosis is a process of gathering information from a variety of sources in order to get a comprehensive picture of a child's functioning and to identify problem areas. The diagnostic process assesses both physical and psychological functioning.

A variety of tools should be used in the diagnostic process: interviews (with parents and other adults who know the child well, with the child, with social agency personnel the child has been receiving services from), psychological tests, medical and other reports/tests of physical functioning, and other sources of information about the child. The tests that are used in the diagnostic process take an in-depth look at a child's skills in particular developmental areas. In Project Head Start, diagnosis is to be conducted by an interdisciplinary team of specialists (or a professional who is qualified to diagnose the specific handicap). The diagnostic process should involve:

1. A categorical diagnosis of a child, using Project Head Start diagnostic criteria, to be used solely for reporting purposes.
2. A functional assessment of a child. This functional assessment is a developmental profile that describes what the child can and cannot currently do and that identifies areas requiring special education and related services.
3. An individualized education plan based upon the functional assessment and developed jointly by the diagnostic team, the parents, and the child's teacher.
4. Ongoing assessment of the child's progress by the teacher, the child's parents, and (as needed) the diagnostic team.

The results of the diagnostic process should inform the teacher and the parents about the child's level of development in all aspects of communication — and hence the child's needs in terms of further learning. The results of the diagnostic process should describe what the teacher and parents should do to help the child reach identified goals. Often the teacher and parents are *not* told this information. Depending on their knowledge of the classroom and of specific teaching techniques, diagnosticians such as speech-language pathologists should be able to discuss with the teacher and parent specific ways in which they can help the child in the classroom and at home. Often the teacher or parent needs to take the initiative in order to obtain this kind of information from a diagnostician.

Testing

The selection of appropriate tests, their administration, and their interpretation is a difficult process, requiring a great deal of expertise. Sometimes the precise test needed has not yet been developed, and a diagnostician must use what is available and then interpret the results with great caution. Many factors can lead to inappropriate testing or inaccurate test results:

- **mistaking one handicap for another**
- **mistaking cultural differences for handicaps**
- **mistaking normal physical or mental immaturity for handicaps**
- **testing a child who is not used to test-like situations**
- **testing a child when he or she is not feeling well**
- **testing a child in a language that is not his or her home language**
- **testing a particular developmental area in a child by requiring a response that involves skills in which the child is handicapped (for example, testing cognitive functioning by requiring a verbal response from a speech impaired child, or a motor response from an orthopedically handicapped child).**

Even if children are given tests that are appropriate to their age, cultural background, and suspected handicaps — and that are methodologically valid and reliable — test results can be inaccurately interpreted.

To ensure that tests are appropriate to a specific purpose, and that they are administered and interpreted correctly, any screening test that a teacher wants to use should be discussed ahead of time with a trained professional who is knowledgeable about the test. Tests used for diagnostic purposes should be administered and interpreted by specialists trained in the use of the test.

In addition to interviews and case histories, your own continuing observation of a child in a variety of situations in your preschool program is a valuable tool in understanding and helping a child learn. During the preschool years, children experience a great amount of development and change in all areas. This means that ongoing assessment is needed to provide a more accurate picture of a child's developing skills and functioning. Ongoing assessment provides feedback on the effectiveness of an education plan.

For additional information on the diagnostic process — including procedures and persons — contact the Resource Access Project in your area. For additional information on tests, write:

Head Start Test Collection
Educational Testing Service
Princeton, New Jersey 08540

Chart of Normal Development: Infancy to Six Years of Age

The chart of normal development on the next few pages presents children's achievements from infancy to six years of age in five areas:

- **motor skills (gross and fine motor)**
- **cognitive skills**
- **self-help skills**
- **social skills**
- **communication skills (understanding language and speaking).**

In each skill area, the age at which each milestone is reached *on the average* is also presented. This information is useful if you have a child in your class who you suspect is seriously delayed in one or more skill areas.

However, it is important to remember that these milestones are only average. From the moment of birth, each child is a distinct individual and develops in his or her unique manner. No two children have ever reached all the same developmental milestones at the exact same ages. The examples that follow show what we mean.

By nine months of age, Gi Lin had spent much of her time scooting around on her hands and tummy, making no effort to crawl. After about a week of pulling herself up on chairs and table legs, she let go and started to walk on her own. Gi Lin skipped the crawling stage entirely and scarcely said more than a few sounds until she was 15 months old. But she walked with ease and skill by 9½ months.

Joe learned to crawl on all fours very early, and continued crawling until he was nearly 18 months old, when he started to walk. However, he said single words and used two-word phrases meaningfully before his first birthday. A talking, crawling baby is quite a sight!

Molly worried her parents by saying scarcely a word, although she managed to make her needs known with sounds and gestures. Shortly after her second birthday, Molly suddenly began talking in two- to four-word phrases and sentences. She was never again a quiet child.

All three children were healthy and normal. By the time they were three years old, there were no major differences among them in walking or talking. They had simply developed in their own ways and at their own rates. Some children seem to concentrate on one thing at a time — learning to crawl, to walk, or to talk. Other children develop across areas at a more even rate.

As you read the chart of normal development, remember that children don't read the baby books. They don't know that they're supposed to be able to point out Daddy when they are a year old, or copy a circle in their third year. And even if they could read the baby books, they probably wouldn't follow them! Age-related developmental milestones are obtained by averaging out what many children do at various ages. No child is "average" in all areas. Each child is a unique person.

One final word of caution. As children grow, their abilities are shaped by the opportunities they have for learning. For example, although many five-year-olds can repeat songs and rhymes, the child who has not heard songs and rhymes many times cannot be expected to repeat them. All areas of development and learning are influenced by the child's experiences.

Chart of Normal Development

	Motor Skills		Communication Skills	
	Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language
0-12 months	Sits without support. Crawls. Pulls self to standing and stands unaided. Walks with aid. Rolls a ball in imitation of adult.	Reaches, grasps, puts object in mouth. Picks things up with thumb and one finger (pincer grasp). Transfers object from one hand to other hand. Drops and picks up toy.	Responds to speech by looking at speaker. Responds differently to aspects of speaker's voice (for example, friendly or unfriendly, male or female). Turns to source of sound. Responds with gesture to **Hi, Bye-bye** and **Up,** when these words are accompanied by appropriate gesture. Stops ongoing action when told **No** (when negative is accompanied by appropriate gesture and tone).	Makes crying and non-crying sounds. Repeats some vowel and consonant sounds (babbles) when alone or when spoken to. Interacts with others by vocalizing after adult. Communicates meaning through intonation. Attempts to imitate sounds.
12-24 months	Walks alone. Walks backward. Picks up toys from floor without falling. Pulls toy, pushes toy. Seats self in child's chair. Walks up and down stairs (hand held). Moves to music.	Builds tower of 3 small blocks Puts 4 rings on stick. Places 5 pegs in pegboard. Turns pages 2 or 3 at a time. Scribbles. Turns knobs. Throws small ball. Paints with whole arm movement, shifts hands, makes strokes.	Responds correctly when asked **where,** when question is accompanied by gesture. Understands prepositions **on, in,** and **under.** Follows request to bring familiar object from another room. Understands simple phrases with key words (for example, **Open the door,** or **Get the ball).** Follows a series of 2 simple but related directions.	Says first meaningful word. Uses single words plus a gesture to ask for objects. Says successive single words to describe an event. Refers to self by name. Uses **my** or **mine** to indicate possession. Has vocabulary of about 50 words for important people, common objects, and the existence, nonexistence, and recurrence of objects and events (for example, **more** and **all gone).**

Cognitive Skills		Self-Help Skills	Social Skills
Follows moving object with eyes. Recognizes differences among people; responds to strangers by crying or staring. Responds to and imitates facial expressions of others. Responds to very simple directions (for example, raises arms when someone says, **Come,** and turns head when asked, **Where is daddy?**).	Imitates gestures and actions (for example, shakes head no, plays peek-a-boo, waves bye-bye). Puts small objects in and out of container with intention.	Feeds self cracker. Holds cup with two hands, drinks with assistance. Holds out arms and legs while being dressed.	Smiles spontaneously. Responds differently to strangers than to familiar people. Pays attention to own name. Responds to **no.** Copies simple actions of others.
Imitates actions and words of adults. Understands and follows simple, familiar directions (for example, **Give me the cup. Show me your doll. Get your shoes**). Responds to words or commands with appropriate action (for example, **Stop that. Get down**). Is able to match two similar objects. Looks at storybook pictures with an adult, naming or pointing to familar objects on request (for example, **What is that? Point to the baby**).	Recognizes difference between **you** and **me.** Has very limited attention span. Accomplishes primary learning through own exploration.	Uses spoon, spilling little. Drinks from cup, one hand, unassisted. Chews food. Removes shoes, socks, pants, sweater. Unzips large zipper. Indicates toilet needs.	Recognizes self in mirror or picture. Refers to self by name. Plays by self; initiates own play. Imitates adult behaviors in play. Helps put things away.

	Motor Skills		**Communication Skills**	
	Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language
24-36 months	Runs forward well. Jumps in place, two feet together. Stands on one foot, with aid. Walks on tiptoe. Kicks ball forward.	Strings 4 large beads Turns pages singly. Snips with scissors. Holds crayon with thumb and fingers, not fist. Uses one hand consistently in most activities. Imitates circular, vertical, horizontal strokes. Paints with some wrist action; makes dots, lines, circular strokes. Rolls, pounds, squeezes, and pulls clay.	Points to pictures of common objects when they are named. Can identify objects when told their use. Understands question forms **what** and **where.** Understands negatives **no, not, can't,** and **don't.** Enjoys listening to simple storybooks and requests them again.	Joins vocabulary words together in two-word phrases. Gives first and last name. Asks **what** and **where** questions. Makes negative statements (for example, **Can't open it**). Shows frustration at not being understood.
36-48 months	Runs around obstacles. Walks on a line. Balances on one foot for 5 to 10 seconds. Hops on one foot. Pushes, pulls, steers wheeled toys. Rides (that is, steers and pedals) tricycle. Uses slide without assistance. Jumps over 15 cm. (6") high object, landing on both feet together. Throws ball overhead. Catches ball bounced to him or her.	Builds tower of 9 small blocks. Drives nails and pegs. Copies circle. Imitates cross. Manipulates clay materials (for example, rolls balls, snakes, cookies).	Begins to understand sentences involving time concepts (for example, **We are going to the zoo tomorrow**). Understands size comparatives such as **big** and **bigger.** Understands relationships expressed by **if ... then** or **because** sentences. Carries out a series of 2 to 4 related directions. Understands when told, **Let's pretend.**	Talks in sentences of three or more words, which take the form agent-action-object (**I see the ball**) or agent-action-location (**Daddy sit on chair**). Tells about past experiences. Uses "s" on nouns to indicate plurals. Uses "ed" on verbs to include past tense. Refers to self using pronouns **I** or **me.** Repeats at least one nursery rhyme and can sing a song. Speech is understandable to strangers, but there are still some sound errors.

Cognitive Skills		Self-Help Skills	Social Skills
Responds to simple directions (for example, **Give me the ball and the block. Get your shoes and socks**). Selects and looks at picture books, names pictured objects, and identifies several objects within one picture. Matches and uses associated objects meaningfully (for example, given cup, saucer, and bead, puts cup and saucer together). Stacks rings on peg in order of size. Recognizes self in mirror, saying, **baby,** or own name.	Can talk briefly about what he or she is doing. Imitates adult actions (for example, housekeeping play). Has limited attention span; learning is through exploration and adult direction (as in reading of picture stories). Is beginning to understand functional concepts of familiar objects (for example, that a spoon is used for eating) and part/-whole concepts (for example, parts of the body).	Uses spoon, little spilling. Gets drink from fountain or faucet unassisted. Opens door by turning handle. Takes off coat. Puts on coat with assistance. Washes and dries hands with assistance.	Plays near other children. Watches other children, joins briefly in their play. Defends own possessions. Begins to play house. Symbolically uses objects, self in play. Participates in simple group activity (for example, sings, claps, dances). Knows gender identity.
Recognizes and matches six colors. Intentionally stacks blocks or rings in order of size. Draws somewhat recognizable picture that is meaningful to child, if not to adult; names and briefly explains picture. Asks questions for information: **why and how** questions requiring simple answers. Knows own age. Knows own last name.	Has short attention span. Learns through observing and imitating adults, and by adult instruction and explanation. Is very easily distracted. Has increased understanding of concepts of the functions and grouping of objects (for example, can put doll house furniture in correct rooms) part/whole (for example, can identify pictures of hand and foot as parts of body). Begins to be aware of past and present (for example, **Yesterday we went to the park. Today we go to the library**).	Pours well from small pitcher. Spreads soft butter with knife. Buttons and unbuttons large buttons. Washes hands unassisted. Blows nose when reminded. Uses toilet independently.	Joins in play with other children; begins to interact. Shares toys; takes turns with assistance. Begins dramatic play, acting out whole scenes (for example, traveling, playing house, pretending to be animals).

Chart of Normal Development

	Motor Skills		**Communication Skills**	
	Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language
48-60 months	Walks backward toe-heel. Jumps forward 10 times, without falling. Walks up and down stairs alone, alternating feet. Turns somersault.	Cuts on line continuously. Copies cross. Copies square. Prints a few capital letters.	Follows three unrelated commands in proper order. Understands comparatives like pretty, prettier, and prettiest. Listens to long stories but often misinterprets the facts. Incorporates verbal directions into play activities. Understands sequencing of events when told them (for example, **First we have to go to the store, then we can make the cake, and tomorrow we will eat it**).	Asks **when, how,** and **why** questions. Uses modals like **can, will, shall, should,** and **might.** Joins sentences together (for example, **I like chocolate chip cookies and milk**). Talks about causality by using **because** and **so.** Tells the content of a story but may confuse facts.
60-72 months	Runs lightly on toes. Walks on balance beam. Can cover 2 meters (6′6″) hopping. Skips on alternate feet. Jumps rope. Skates.	Cuts out simple shapes. Copies triangle. Traces diamond. Copies first name. Prints numerals 1 to 5. Colors within lines. Has adult grasp of pencil. Has handedness well established (that is, child is left- or right-handed). Pastes and glues appropriately.	Demonstrates pre-academic skills.	There are few obvious differences between child's grammar and adult's grammar. Still needs to learn such things as subject-verb agreement, and some irregular past tense verbs. Can take appropriate turns in a conversation. Gives and receives information. Communicates well with family, friends, or strangers.

Cognitive Skills		Self-Help Skills	Social Skills
Plays with words: creates own rhyming words, says or makes up words having similar sounds. Points to and names 4 to 6 colors. Matches pictures of familiar objects (for example, shoe, sock, foot; apple, orange, banana). Draws a person with 2 to 6 recognizable parts, such as head, arms, legs; can name or match drawn parts to own body. Draws, names, and describes recognizable picture. Rote counts to 5, imitating adults.	Knows own street and town. Has more extended attention span; learns through observing and listening to adults as well as through exploration; is easily distracted. Has increased understanding of concepts of function, time, part/whole relationships; Function or use of objects may be stated in addition to names of objects. Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.	Cuts easy foods with a knife (for example, hamburger patty, tomato slice). Laces shoes.	Plays and interacts with other children. Dramatic play is closer to reality, with attention paid to detail, time, and space. Plays dress-up. Shows interest in exploring sex differences.
Retells story from picture book with reasonable accuracy. Names some letters and numerals. Rote counts to 10. Sorts objects by single characteristics (for example, by color, shape, or size — if the difference is obvious). Is beginning to use accurately time concepts of **tomorrow** and **yesterday.** Uses classroom tools (such as scissors and paints) meaningfully and purposefully.	Begins to relate clock time to daily schedule. Attention span increases noticeably; learns through adult instruction; when interested, can ignore distractions. Concepts of function increase as well as understanding of why things happen; time concepts are expanding into an understanding of the future in terms of major events (for example, Christmas will come after two weekends).	Dresses self completely. Ties bow. Brushes teeth unassisted. Crosses street safely.	Chooses own friend(s). Plays simple table games. Plays competitive games. Engages in cooperative play with other children involving group decisions, role assignments, fair play.

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